



(AFFIX LABEL HERE)

The 1996 Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) (P.L. 104-208) that mandated the evaluation of pilot employment verification programs authorizes collection of data for this study. In signing the Memorandum of Understanding agreeing to participate in the Machine-Readable Document Pilot, you also agreed to participate in this mandated program evaluation. All information collected in this evaluation will be treated as confidential by the study contractors (Temple University and Westat). They will use the information solely for statistical purposes and will not release information in a form that would permit the respondent to be identified. Information you provide will not be used by INS or other organizations for enforcement purposes. If you have any questions about this study, please contact Louise Hanson, Temple University, 1-800-827-5477 or contact the INS Clearance Officer, Mr. Robert B. Briggs, United States Department of Justice, Information Management and Security Staff, Justice Management Division, Suite 850, Washington Center, 1001 G Street, NW, Washington, DC 20530; OMB No. 1115-0234.

OMB No.: 1115-0234

Approval Expires: 1/31/03

INSTRUCTIONS

This questionnaire includes a number of questions about employment verification at your establishment. You may not be the person who is most knowledgeable about all aspects of the process. If there are others at your establishment who are better able to answer some of these questions, we would appreciate your obtaining the necessary information from them. Please return the entire package to us in the enclosed envelope.

Thank you for your help.

A. MACHINE-READABLE DOCUMENT PILOT PARTICIPATION

| A1. | Prior to this current Machine-Readable Document Pilot (MRDP) survey, has this establishment ever participated in an INS pilot employment verification program? |
|-----|--|
| 1 | ☐ Yes |
| 5 | □ No — GO TO QUESTION A5 |
| 40 | |
| A2. | Which one or ones? [Please mark all that apply] |
| a | TVP (Telephone Verification Pilot) |
| b | EVP (Employment Verification Pilot) |
| С | ☐ JEVP (Joint Employment Verification Pilot) |
| d | BASIC Pilot Program - original |
| е | BASIC Pilot Program — integrated |
| f | ☐ Don't Know |
| | |
| A3. | When did this establishment first start using this/these pilot system(s)? |
| | |
| | MONTH YEAR |
| A4. | When did this establishment last use this/these pilot system(s)? |
| | |
| | MONTH YEAR |
| | |

| A5. What was the main reason this establishment agreed to participate in Readable Document Pilot (MRDP)? | the Mach | ine- |
|--|-------------|------------|
| [Please mark only one main reason] | | |
| To avoid INS audit, raid or fine | | |
| 2 To improve work eligibility screening | | |
| To satisfy a client's request | | |
| s Other - Specify | | |
| S Other - Specify | | |
| | | |
| A6. Please indicate whether or not each of the following was a reservation that this establishment had about participating in the MRDP? | n or conce | ern |
| | Yes | No |
| a. Equipment or remodeling costs | a. 1 | 5 |
| b. Reliability of SSA/INS databases | b. 1 | 5 |
| c. The need for a modem | C. 1 | 5 |
| d. Need for a dedicated phone line | d. 1 | 5 |
| e. Anticipated difficulty in holding on to employees licenses until verification | e. 1 | 5 |
| f. Components of our company outside Iowa could not participate g. Concerns about Memorandum of Understanding (MOU) | g. | 5 |
| 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | h. | 5 |
| : O | i I | 5 |
| Concerns about work interruptions when employees need to contact 35 Avins Do not feel comfortable confronting newly hired employees who are not found | | The second |
| to be work eligible | j. 1 | 5 |
| k. Staffing (e.g., new position, reassignment of employees) | k. 1 | 5 |
| I. Time constraints | 1. 1 | 5 |
| m. Increased burden on human resources staff | m. 1 | 5 |
| n. Company hires very few new employees | n. 1 | 5 |
| o. Other - Specify | 0. 1 | 5 |
| | | |
| | WHI WATER | Z-SIR! |
| A7. Which reason given in question A6 was the main reservation or concestablishment had about participating in the MRDP? | ern that th | nis |
| All answers to question A6 are 'No.' | | |
| 2 Enter the letter that corresponds to the main concern. | | |
| Please choose only one main concern. | | |
| (Letter) | | |

B. EMPLOYMENT VERIFICATION PROCEDURES

Please think about the I-9 procedures that are currently in place at your establishment.

| B1. | During the past six months, for which employees did this establishment verify work authorization? |
|---|---|
| | [Please mark all that apply] |
| a b c d | Employees who work at this establishment Employees who work at other establishments or branches of this firm Employees who work at other companies There were no verifications |
| B2. | During the <u>past six months</u> , approximately what percent of the work authorization verifications for this establishment were conducted by <u>another</u> establishment or firm? |
| 0 1 2 3 4 | None 30 percent or less 31-60 percent 61-90 percent Over 90 percent |
| B3. | During the past six months, approximately how many people were hired by this establishment? PEOPLE HIRED |
| B4. | During the past six months, approximately how many people were verified by this establishment? |
| | EMPLOYEES VERIFIED |
| | IF NO VERIFICATIONS, GO TO QUESTION B8 |
| B5. | Please provide your best estimate of the percentage of employees verified by this establishment during the <u>past six months</u> who presented <u>counterfeit</u> documents (documents that were altered or forged). |
| 0 1 2 3 4 5 6 7 8 | None Less than 1 percent 1-2 percent 3-5 percent 6-10 percent 11-20 percent 21-40 percent 41-60 percent Over 60 percent |

| B6. | Please provide your best estimate of the percentage of the employees verified by this establishment during the <u>past six months</u> who presented 'real' documents <u>that belonged to another person</u> . |
|-----|---|
| 0 | None |
| 1 | Less than 1 percent |
| 2 | 1-2 percent |
| 3 | 3-5 percent |
| 4 | 6-10 percent |
| 5 | 11-20 percent |
| 6 | 21-40 percent |
| 7 | 41-60 percent |
| 8 | Over 60 percent |
| B7. | Please provide your best estimate of the percentage of the employees verified by this establishment during the past six months who falsely claimed to be U.S. citizens. |
| 0 | None |
| 1 | Less than 1 percent |
| 2 | 1-2 percent |
| 3 | 3-5 percent |
| 4 | 6-10 percent |
| 5 | 11-20 percent |
| 6 | 21-40 percent |
| 7 | 41-60 percent |
| 8 | Over 60 percent |
| B8. | What forms of assistance does this establishment provide to employees during the employment verification process? |
| | [Please mark all that apply] |
| а | Staff available to answer questions and assist with the completion of I-9 Forms |
| ь | Access to copiers, telephone, fax machines, etc. |
| C | Paid time off work to resolve work eligibility problems |
| d | Unpaid time off work to resolve work eligibility problems |
| е | Translators |
| - 1 | Address and telephone numbers of agencies to call |
| 9 | Other - Specify |
| | |
| | |
| B9. | Now, please consider the burden associated with the verification process. Is the verification process |
| 4 | An extreme burden, |
| 2 | A moderate burden, |
| 3 | A slight burden, or |
| 4 | Not a burden at all? |
| | |

C. ESTABLISHMENT CHARACTERISTICS

Please answer the following questions for this establishment (site) only.

| C1. | In what month and year did you start operations here? |
|-----|--|
| | |
| | MONTH YEAR |
| | |
| | |
| C2. | What kind of work is done at this establishment; i.e., what kind of product(s) are |
| | made here or what kind of services are performed? |
| | |
| | |
| | |
| | |
| C3. | Is this establishment part of a company that has establishments outside the U.S.? |
| | Yes |
| 5 | No — |
| | Don't know GO TO QUESTION C5 |
| | |
| C4. | In which country is the headquarters located? |
| | Linited States |
| 5 | United States Other - Specify |
| | |
| 8 | Don't know |
| | |
| C5. | Is this establishment a personnel or temporary employee company that supplies workers for other firms? |
| | workers for other firms? |
| 1 | Yes |
| 5 | No |

| 00. | | ease estimate the number of current employees of this estable following categories. | ishment in each o |
|-----|-----|---|-----------------------|
| | | not count employees of contract or temporary service agencies who ount any of this establishment's employees who work under contract. | |
| | a. | Full-time permanent | |
| | b. | Part-time permanent | |
| | c. | On a temporary basis | |
| | | TOTAL | |
| C7. | Ple | ease estimate the percent of current employees of this establish | ment who are |
| | | | % of All Employees |
| | a. | Salaried. (e.g., managers, professionals and technical staff) | % |
| | b. | Skilled hourly. (e.g., sales, office, clerical and craft workers) | % |
| | c. | Unskilled hourly. (e.g., operatives, laborers and service workers) TOTAL | 100 % |
| C8. | PI | ease estimate the percent of current employees of this establis | shment who are |
| | | | % of All Employees |
| | a. | Hispanic or Latino (any race) | % |
| | | African American - Non-Hispanic | % |
| | b. | | |
| | b. | White - Non-Hispanic | % |
| | | | % |

| C9. | Approximately what percent of current employmembers? | yees | of thi | s esta | blishr | nent a | re un | ion |
|---|--|------------|--------|--------|--------|--------|--------|---------------|
| 0 1 2 3 4 5 6 7 8 | None Less than 1 percent 1-2 percent 3-5 percent 6-10 percent 11-20 percent 21-40 percent 41-60 percent Over 60 percent | | | | | | | |
| | MARK THIS BOX IF THERE ARE NO HOURLY THEN GO TO QUESTION C11. | EMPL | OYEE | SATT | THIS E | STAB | LISHM | ENT. |
| C10 | a. Approximately what percent of current hourly employees of this establishment have as their highest level of education | 5% or Less | 6-20% | 21-40% | 41-60% | 61-80% | 81-95% | More than 95% |
| | a. A high school diploma or equivalent?b. A college or professional degree? | (1) | (2) | (3) | (4) | (5) | (6) | |
| C10 | b. Approximately what percent of current hourly employees of this establishment | | | | | | | |
| | c. Are immigrants (i.e., they were born outside of the U.S.)? | | | | | | | |
| C11. | From which country or countries do most of this establishment come? [Please mark all that al | | | ants c | urrent | ly em | ploye | d in |
| | | | | | | | | |

| C12. How easy or difficult is it for this establishment to find qualified workers to fill vacancies in the following categories? [Please mark 'N/A' if this establishment does not hire workers in the category.] | Very Easy | Eairly Easy | Fairly Difficult | F Very Difficult | N/A |
|--|-----------|-------------|------------------|------------------|-----|
| a. Salaried | | (2) | | (4) | |
| (e.g., managers, professionals and technical staff) | | | | | |
| b. Skilled hourly (e.g., sales, office, clerical and craft workers) | | | | | |
| c. Unskilled hourly | | | | | |
| (e.g., operatives, laborers and service workers) | | | | | |
| [Please mark all that apply.] a | | | | | |
| C14. When recruiting new employees, does this establishmen | nt: | | | | |
| | Yes | | No | | |
| a. accept unsolicited 'walk-in' applications? | 1 🗆 | | 5 🔲 | | |
| b. use informal referrals from current employees? | 1 🗆 | | 5 🔲 | | |
| c. Other - Specify | † <u></u> | | 5 🔲 | | |
| | 7 65 | JI GAVE | | | |

| C15. | | w would you characterize the <u>financial health</u> of this esta | blishmen | t during the | |
|------------------|----|--|------------|--------------|--|
| 1 2 3 4 | | Excellent – high profit growth Good – moderate profit growth Fair – no change in profits Poor – decline in profits | | | |
| C16. | Du | ring the past six months, has this establishment experier | ced | | |
| 1 2 3 4 | | Rapid growth in size, Moderate growth in size, No change in size, or A decline in size? | | | |
| C17. | Du | ring the past two years, has the INS visited this establish | ment: | | |
| | | [Please indicate 'Yes' or 'No' for each item] | | | |
| | | to advante the steff should be confirmed as a first to the | Yes | No | |
| | | to educate the staff about I-9 verification requirements? | | 5 📙 | |
| | | to review I-9 Forms? | | 5 | |
| | C. | to determine if unauthorized immigrants were employed? | 1 🔲 | 5 | |
| | d. | to investigate possible document fraud? | 1 🗆 | 5 | |
| | e. | for any other reason? - Specify | 1 🗆 | 5 🗌 | |
| | | | | | |
| | | ring the past <u>two</u> years, has this establishment been foun owing by a federal or state agency | d guilty o | f any of the | |
| | | [Please indicate 'Yes' or 'No' for each item] | | | |
| | a. | Employment discrimination? | Yes | No 5 | |
| | b. | Pollution of the environment? | | 5 | |
| | C. | Violation of OSHA or labor standards? | | 5 🗌 | |
| | | | | | |

D. HOURLY WORKERS

| -1 | □ N/A (NO HOURLY EMPLOYEES) — ■ GO TO QUESTION E1 |
|-------------------|--|
| D1. a b c d e t g | How does this establishment typically recruit new hourly workers? [Please mark all that apply] Walk-in Word of mouth Other informal methods Ads (newspaper, journals, Internet, etc.) Employment agencies Job fairs, schools Other - Specify |
| D2. | Do you make special efforts to target certain groups of individuals (e.g., race/ ethnic minorities) in your recruitment efforts to fill hourly positions? |
| 5 8 | Yes No Don't know GO TO QUESTION D4 |
| D3. a b c d e | Which groups do you target? [Please mark all that apply] Immigrants Hispanics or Latinos Blacks or African Americans Asians Other race/ethnic groups - Specify Women Persons with Disabilities Other - Specify |

| D4. | What forms and/or other materials do you give to applicants for hourly positions |
|-----|---|
| | before you make a job offer? |
| а | [Please mark all that apply] Job application form |
| b | Information about the company (including benefit packages, etc.) |
| C | I-9 form |
| d | None used |
| е | Other - Specify |
| | |
| | |
| | |
| D5. | Which of the following do you request from applicants for hourly positions before |
| | making a job offer? |
| | [Please mark all that apply] |
| а | None |
| b | Resume or vita |
| C | Completed job application References |
| d | Skills tests |
| - E | Medical form or tests |
| g | I-9 form |
| h | Copies of work authorization documents |
| i | Other - Specify |
| | |
| | |
| | |
| D6. | Which of the following procedures does this establishment use to process new |
| | hourly employees after they are hired? |
| | [Please mark all that apply] |
| а | Orientation session |
| b | Completion of I-9 form |
| C | Completion of W-4 and other forms |
| d | ☐ Verification of employment eligibility - Specify ———————————————————————————————————— |
| | |
| A | Physical exam |
| | Drug tests |
| g | Other - Specify |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

E. SALARIED WORKERS

| 1 | □ N/A (NO SALARIED EMPLOYEES) — GO TO QUESTION F1 |
|-------------|--|
| E1. | How does this establishment typically recruit new salaried workers? [Please mark all that apply] Walk-in Word of mouth Other informal methods Ads (newspaper, journals, Internet, etc.) Employment agencies Job fairs, schools Other - Specify |
| E2. | Do you make special efforts to target certain groups of individuals (e.g., race/ ethnic minorities) in your recruitment efforts to fill salaried positions? |
| 5 8 | Yes No Don't know GO TO QUESTION E4 |
| E3. | Which groups do you target? [Please mark all that apply] |
| a b c | Immigrants Hispanics or Latinos Blacks or African Americans Asians |
| е | Other race/ethnic groups - Specify |
| f g h | ☐ Women ☐ Persons with Disabilities ☐ Other - Specify — |
| | |

| E4. | What forms and/or other materials do you give to applicants for salaried positions |
|-------------|---|
| | before you make a job offer? [Please mark all that apply] |
| a | Job application form |
| b | Information about the company (including benefit packages, etc.) |
| d | ☐ I-9 form ☐ None used |
| 0 | Other - Specify |
| | |
| | |
| | |
| E5. | Which of the following do you request <u>from</u> applicants for <u>salaried</u> positions <u>before</u> making a job offer? |
| | [Please mark all that apply] |
| a | Nothing |
| b | Resume or vita Completed jeb application |
| d | Completed job application References |
| е | Skills tests |
| 1 | Medical form or tests |
| g | |
| A. | |
| | |
| | |
| | |
| E6. | |
| | |
| а | Orientation session |
| b | Completion of I-9 form |
| C | |
| a | verification of employment eligibility - Specify |
| | |
| | |
| е | Physical exam |
| e | Drug tests |
| e f | |
| e f g | Drug tests |
| e f g | Drug tests |
| e f | Drug tests |
| e f g | Drug tests |
| E6. | Medical form or tests I-9 form Copies of work authorization documents Other - Specify Which of the following procedures does this establishment use to process new salaried employees after they are hired? [Please mark all that apply] Orientation session |

F. IMMIGRANT WORKERS

| F1. Are the majority of the applicants for the following | g jobs immigrants? |
|--|---|
| [Please indicate 'Yes' or 'No' for | each item] |
| Unskilled laborers Semi-skilled operatives Service workers Skilled workers (crafts) | Yes No 5 5 1 5 1 1 5 1 1 1 1 1 1 1 1 1 1 |
| F2. Why do you think there are so many immigrant ap | plicants for these positions? |
| [Please mark all that app | oly] |
| Too few qualified U.S. citizens The work is too unpleasant for U.S. citizens The compensation is too low for U.S. citizens Other - Specify Other - Specify | |
| | |
| | |
| F3. Among those immigrant employees you have, wo | ould you say most of them are |
| [Please mark only one | 2] |
| Unskilled laborers, Semi-skilled operatives, Service workers, Skilled workers (crafts), or Other - Specify | |
| F4. Was the percent of immigrants working here a ye | ar ago |
| Lower than now, The same as now, or Higher than now? | |

| F5. | Have any of the following factors affected the extent to workers? | which yo | u rely on immigrant |
|-----|---|-------------|-----------------------------------|
| | | Yes | No |
| | a. There are more immigrants in this area than there were previously? | 1 | 5 |
| | b. We've made changes that have made our jobs more attractive to U.S. citizens? - Specify | 1 🔲 | 5 |
| | | | |
| | c. We've made changes that have made our jobs more attractive to immigrants? - Specify | 1 | 5 |
| | d. Anything else? - Specify | 1 🗆 | 5 🗆 |
| | | | |
| F6. | Some people say that I-9 verification process results in reluctant to hire immigrants who are authorized to wor | some em | ployers being think this is true? |
| | Yes | | |
| 5 | No GO TO QUESTION ES | | |
| 8 | Don't know | | |
| F7. | Why do you think this is true? | | |
| | | | |
| | | | |
| F8. | Do you think that a program like the MRDP that permits eligibility of new employees by checking their I-9 inform databases would make participating employers more or least | ation again | nst INS and SSA |
| 1 | More - Why do you think this is so? | | |
| | | | |
| 2 | Less - Why do you think this is so? | | |
| | | | |
| 3 | Neither | | |

| ENVE | | | | |
|-------|----------------|-------------|-------------|------------|
| | | | | |
| | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
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| | Bull of the Av | Marya Sulla | eligion (a) | W with the |
| | | | | |
| | | | | |
| 1 | | A 6-11/4- | | |

16

PLEASE PLACE THIS COMPLETED QUESTIONNAIRE

INTO THE ENCLOSED BUSINESS REPLY ENVELOPE

AND MAIL WITHIN TWO DAYS OF COMPLETION.

| CASE ID#: | |
|-------------|--|
| | |
| Start Time: | |

Machine-Readable Document Pilot (MRDP) #31-914 EMPLOYER TELEPHONE INTERVIEW FOR NON-USERS

| A. System Implementation | | | | |
|--------------------------|---|----------------------------------|----|--|
| | | | | |
| A1. | I'd like to begin by establishing the time period | I that we will be talking about. | | |
| | According to our records, the package contain was sent to your establishment on [DATE MA | | S | |
| | Approximately when did this establishment receive that package? | | | |
| | [PROBE FOR BEST GUESS OF AT LEAST MONTH AND YEAR] | | | |
| | [IF DATE GIVEN BY RESPONDENT IS PRIOR TO DATE ON LABEL, PROBE TO SEE WHETHER ESTABLISHMENT WAS IN ANOTHER PILOT AS WELL AS THE MRDP. ADD A NOTE INDICATING THAT RESPONSE AT THIS QUESTION.] | | | |
| | MONTH | DAY YEAR | | |
| | | PACKAGE WAS NEVER RECEIVED | 95 | |

IF THE MRDP PACKAGE WAS NEVER RECEIVED (A1=95), END INTERVIEW.

Appendix F-2.doc Page 1 of 10

| A2. | From the time this establishment first received the materials needed to install the MRDP system, that is from [DATE IN A1], how long was it before the <u>software</u> part of the system was <u>installed</u> ? Was it: | | | | | |
|-----|--|--------------------------------------|---|--|--|--|
| | SKIP TO QUESTION A4 Less than one month, | | | | | |
| | | 1 to 3 months, | 2 | | | |
| | 4 to 6 months, | | 3 | | | |
| | | More than 6 months, or | 4 | | | |
| | | Has the system never been installed? | 5 | | | |

A3.

| A3. | During this period, that is, between [DATE FROM A1] and [installation], what circumstances would explain why installation (was del | | | |
|-----|--|----------|-------|------|
| | (RECORD VERBATIM; CIRCLE ALL THAT APPLY IN COLUMN | a) | | |
| | | | | _ |
| | | | | _ |
| | | | | _ |
| | | | | _ |
| | | | | _ |
| | | | | _ |
| | | | | |
| | b. (FOR EACH CATEGORY <u>NOT CIRCLED</u> IN COLUMN a, ASK:) reason for delay? (CODE 'YES' OR 'NO' IN COLUMN b) | Was [CAT | EGORY |] a |
| | | a. | b. PR | OBED |
| | | GIVEN | YES | NO |
| | A. NO STAFF AVAILABLE TO INSTALL SYSTEM | 1 | 1 | 5 |
| | B. SYSTEM REQUIRED STAFF TRAINING | 2 | 1 | 5 |
| | C. HIRED NO NEW EMPLOYEES | 3 | 1 | 5 |
| | D. EXPERIENCED TECHNICAL DIFFICULTIES | 4 | 1 | 5 |
| | E. LACKED THE NECESSARY EQUIPMENT | 5 | 1 | 5 |
| | F. COULD NOT GAIN ACCESS TO THE SYSTEM | 6 | 1 | 5 |
| | G. COULD NOT REACH INS SYSTEM SUPPORT | 7 | 1 | 5 |
| | H. SOME OTHER REASON | 8 | 1 | 5 |

IF THE MRDP SOFTWARE WAS NEVER INSTALLED (A2=5), SKIP TO C1 ON PAGE 5.

Appendix F-2.doc Page 2 of 10

| A4. | From the time this establishment first received the materials needed to install the MRDP system, that is from [DATE IN A1], how long was it before the <u>card reader machine</u> was installed? Was it: | | | | | |
|-----|--|------------------------------|---|---|--|--|
| | SKIP TO QUESTION B1 | ON B1 Less than one month, | | | | |
| | | | 1 to 3 months, | 2 | | |
| | | | 4 to 6 months, | 3 | | |
| | | | More than 6 months, or | 4 | | |
| | | | Has the card reader never been installed? | 5 | | |

| A5. | a. During this period, that is, between [DATE FROM A1] and [installation of the card reader / now], what circumstances would explain why installation (was delayed / never occurred)? | | | | |
|-----|---|---|-------|-------|------|
| | | (RECORD VERBATIM; CIRCLE ALL THAT APPLY IN COLUMN | a) | | |
| | | | | | _ |
| | | | | | _ |
| | | | | | _ |
| | | | | | _ |
| | | | | | _ |
| | | | | | |
| | | | | | |
| | b. | (FOR EACH CATEGORY <u>NOT CIRCLED</u> IN COLUMN a, ASK:) reason for delay? (CODE 'YES' OR 'NO' IN COLUMN b) | | | |
| | | | a. | b. PR | OBED |
| | | | GIVEN | YES | NO |
| | Α. | NO STAFF AVAILABLE TO INSTALL CARD READER | 1 | 1 | 5 |
| | В. | HIRED NO NEW EMPLOYEES | 2 | 1 | 5 |
| | C. | EXPERIENCED TECHNICAL DIFFICULTIES INSTALLING THE CARD READER | 3 | 1 | 5 |
| | D. | COULD NOT REACH INS SYSTEM SUPPORT | 4 | 1 | 5 |
| | E. | PROBLEM WITH THE CARD READER MACHINE | 5 | 1 | 5 |
| | F. | SOME OTHER REASON | 6 | 1 | 5 |

Appendix F-2.doc Page 3 of 10

B. MRDP Setup Costs

| B1. | (RECORD VERBATIM; CIRCLE ALL THAT APPLY IN COLUMN a) | | | | |
|-----|---|----------------------|-------------|--------------------|-------|
| | | | | | _ |
| | | | | | _ |
| | | | | | _ |
| | | | | | _ |
| | b. (FOR EACH CATEGORY NOT CIRCLET |) IN COLLIMN a ASK:) | Were there | any dir | ect |
| | costs in setting up the MRDP for [CATEG | | | | |
| | | | a. | b. PR | OBED |
| | | | GIVEN | YES | NO |
| | A. TRAINING | | 1 | 1 | 5 |
| | B. COMPUTER HARDWARE | | 2 | 1 | 5 |
| | C. CARD READER MACHINE | | 3 | 1 | 5 |
| | D. TELEPHONE HOOK-UP | | 4 | 1 | 5 |
| | E. OTHER OFFICE EQUIPMENT | | 5 | 1 | 5 |
| | F. REMODELING OR RESTRUCTURING PLANT | OF THE PHYSICAL | 6 | 1 | 5 |
| | G. SOME OTHER REASON | | 7 | 1 | 5 |
| | hat is your best guess of an estimate of the to BMRDP? | | ssociated w | rith <u>settir</u> | ig-up |
| | , | | | | |
| | ere the indirect costs associated with setting- nployees, additional recruitment, delayed proc | | assignmen | t of | |
| | | An extreme burden, | | | 1 |
| | | A moderate burden, | | | 2 |
| | | A slight burden, or | | | 3 |
| | | Not a burden at all? | | | 4 |

Appendix F-2.doc Page 4 of 10

| | \ /: | ^ L | - ^ 4 | P Pilot |
|----------|-------|-----|----------|---|
| | | | - 12/11 | |
| — | VICVO | | <i>,</i> | ,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |

C1. Which of the following <u>best</u> describes the <u>current</u> situation of this establishment regarding the use

| C | of the MRDP system? Would you say: | | |
|-----|--|--|---|
| | | We recently started or have been using it, | 1 |
| | SKIP TO QUESTION C4 | We expect to use the system in the future, or | 2 |
| | SKIP TO QUESTION C4 ◀── | We do not expect to use the MRDP system? | 3 |
| | | | |
| C2. | In what month and year did this establ | ishment begin using the MRDP pilot system? | |
| | MON | ITH YEAR | |
| | | | |
| C3. | | the system. For example, tell me how many entries vorks properly, any problems you have encountered, | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | , |

Appendix F-2.doc Page 5 of 10

IF THE MRDP SOFTWARE HAS BEEN USED (C1=1), SKIP TO QUESTION C5.

| C4. | a. What are the reasons for this establishment not using the MRDI | • | | |
|-----|---|-------|-------|------|
| | (RECORD VERBATIM; CIRCLE ALL THAT APPLY IN COLUM | IN a) | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | b. (FOR EACH CATEGORY <u>NOT CIRCLED</u> IN COLUMN a, ASK reason for not using the MRDP system? (CODE 'YES' OR 'N | | | /] a |
| | | a. | b. PR | OBED |
| | | GIVEN | YES | NO |
| | A. HIRED NO NEW EMPLOYEES | 1 | 1 | 5 |
| | B. NO TRAINED STAFF AVAILABLE | 2 | 1 | 5 |
| | C. EXPERIENCED TECHNICAL DIFFICULTIES | 3 | 1 | 5 |
| | D. LACK OF CONFIDENCE IN DATABASES | 4 | 1 | 5 |
| | E. THE SYSTEM IS BURDENSOME AND TIME CONSUMING | 5 | 1 | 5 |
| | F. DEVELOPED OTHER WAYS TO ENSURE WORK ELIGIBILITY OF NEWLY HIRED EMPLOYEES | 6 | 1 | 5 |
| | G. DECIDED TO HAVE A CONTRACTOR VERIFY EMPLOYEES FOR THIS ESTABLISHMENT | 7 | 1 | 5 |
| | H. DECIDED TO USE EMPLOYEES OF TEMPORARY OR OTHER CONTRACTED AGENCIES | 8 | 1 | 5 |
| | I. SOME OTHER REASON | 9 | 1 | 5 |
| | | | | |

| C5. | C5. Please think of the materials provided by the INS. How useful was the MRDP Manual? Would you say: | | | | |
|----------------|--|--|---|--|--|
| | Not useful at all, Not very useful, Somewhat useful, or | | | | |
| | | | | | |
| | | | | | |
| | Very useful? | | 4 | | |
| NEVER RECEIVED | | | 5 | | |
| | NOT USED | | | | |
| | | | | | |

Appendix F-2.doc Page 6 of 10

| C6. | And how useful was the Computer Based Tra | ining Tutorial? Would you say: | |
|-----|---|--------------------------------|---|
| | | Not useful at all, | 1 |
| | | Not very useful, | 2 |
| | | Somewhat useful, or | 3 |
| | | Very useful? | 4 |
| | | NEVER RECEIVED | 5 |
| | | NOT USED | 6 |

| C7. | C7. And how useful was the <u>Card Reader Machine</u> ? Would you say: | | | | |
|-----|--|---------------------|---|--|--|
| | | Not useful at all, | 1 | | |
| | | Not very useful, | 2 | | |
| | | Somewhat useful, or | 3 | | |
| | | Very useful? | 4 | | |
| | | NEVER RECEIVED | 5 | | |
| | | NOT USED | 6 | | |

| C8. | What haven't I asked about the MRDP program that we should know about in order to better evaluate it? (RECORD VERBATIM) | - |
|-----|---|---|
| | | |
| | | |
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| | | |

Appendix F-2.doc Page 7 of 10

| D. Employment Verification Procedures | | | | | |
|---|---|------|--|--|--|
| D1. As of today, approximately how many total employees does this establishment have? Do <u>not</u> count employees of contract or temporary service agencies who work at your site, but <u>do</u> count any of this establishment's employees who work under contract at another site. | | | | | |
| TOTAL EMPLOYEES | | | | | |
| D2. Approximately how many of those current em | ployees are: | | | | |
| a. Full time permanent? | | | | | |
| b. Part time permanent? | | | | | |
| c. On a temporary basis? | | | | | |
| D3. Approximately what percent of current hourly e is, they were born outside of the U.S.? | employees of this establishment are immigra | | | | |
| D4. How would you characterize the financial heal Would you say: | th of this establishment since [DATE FROM | A1]? | | | |
| | Excellent or high profit growth, | 1 | | | |
| | Good or moderate profit growth, | 2 | | | |
| | Fair or no change in profits, or | 3 | | | |
| | Poor or a decline in profits? | 4 | | | |
| D5. Since [DATE FROM A1], has this establishme | nt experienced: | | | | |
| in the property of the same stabilities | | | | | |
| | Rapid growth, | 2 | | | |
| | Moderate growth, No change, or | 3 | | | |
| | A reduction in growth? | 4 | | | |

Appendix F-2.doc Page 8 of 10

| D6. Since [DATE FROM A1], approximately how many people were hired at this establishment? | | | | | | |
|---|--|--------------------------|-------|--|--|--|
| PEOPLE HIRED | | | | | | |
| | · | | | | | |
| 1 — | this establishment? Also include any verifications done for employees of other establishments. | | | | | |
| | | | | | | |
| IF THERE HAVE BEEN NO VERIFICAT | IONS (D7=0), SKIP TO QUEST | TION D1 | 2. | | | |
| | | | | | | |
| D8. Since [DATE FROM A1], for which employees Was it verified for: | did this establishment verify work | authorizat | ion? | | | |
| | | YES | NO | | | |
| Employees who work at this establish | ment? | 1 | 5 | | | |
| Employees who work at other establis | hments or branches of this firm? | 1 | 5 | | | |
| Employees who work at other companies? | | | 5 | | | |
| | | | | | | |
| D9. Since [DATE FROM A1], approximately what put this establishment were conducted by another | | erifications you say: | s for | | | |
| | None, | | 1 | | | |
| | 30 percent or less, | | 2 | | | |
| | 31 to 60 percent, | | 3 | | | |
| | 61 to 90 percent, or | | 4 | | | |
| Over 90 percent? | | | | | | |
| | | | | | | |
| D10. Please provide your best estimate of the percentage of newly hired employees who have presented 'real' documents that belong to another person since [DATE FROM A1]. | | | | | | |
| | | PERCEN | Т | | | |

Appendix F-2.doc Page 9 of 10

| | Please provide your best estimate of the per- presented <u>counterfeit</u> documents (documents [DATE FROM A1]. | | ⁄e |
|------|---|--|----------|
| | | PERCEI | VT |
| - | | | |
| D12. | Now, thinking about the burden associated w | vith the I-9s, would you say the I-9 process | is: |
| | | An extreme burden, | 1 |
| | | A moderate burden, | 2 |
| | | A slight burden, or | 3 |
| | | Not a burden at all? | 4 |
| | | | <u> </u> |
| | | | <u> </u> |
| | | | <u> </u> |
| | | | |
| 7 | Thank you for taking the time to answe | er my questions. Your effort and the ed are greatly appreciated. | 9 |

End Time: _____

Appendix F-2.doc Page 10 of 10

Study of Employment Eligibility Logo Here

Machine-Readable Document Pilot (MRDP)

Please make corrections to the information on the label below.

Establishment information:

4-digit SIC code and industry description Establishment Name Address Telephone Number of employees

Contact person:

Name Title Time at position

OMB Statement

The 1996 Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) (P.L. 104-208) that mandated the evaluation of pilot employment verification programs authorizes collection of data for this study. In signing the Memorandum of Understanding agreeing to participate in the Machine-Readable Document Pilot, you also agreed to participate in this mandated program evaluation. All information collected in this evaluation will be treated as confidential by the study contractors (Temple University and Westat). They will use the information solely for statistical purposes and will not release information in a form that would permit the respondent to be identified. Information you provide will not be used by INS or other organizations for enforcement purposes. If you have any questions about this study, please contact Louise Hanson, Temple University, 1-800-827-5477 or contact the INS Clearance Officer, Mr. Robert B. Briggs, United States Department of Justice, Information Management and Security Staff, Justice Management Division, Suite 850, Washington Center, 1001 G Street, NW, Washington, DC 20530;OMB No. 1115-0234.

Appendix F-3.doc Page 1 of 17

| PLEASE RECORD: | | | | | | |
|-----------------------|--------------------|-------|--------------|--------|--------------|--|
| Your name: | (First) | | | (Last) | | |
| Title: | | | | | | |
| Length of time in you | r present position | on: _ | (# of months | OR | (# of years) | |
| Telephone # (| _) | | | Ex | t: | |
| | | | | | | |
| Date Questionnaire C | Completed: | (mon | // | (day) | _/2002 | |

Appendix F-3.doc Page 2 of 17

Machine-Readable Document Pilot Mail Questionnaire

This questionnaire includes a number of questions about employment verification at your establishment. If there are any items where you are not the most knowledgeable about all aspects of the topic, we would appreciate your obtaining the necessary information from others who may be better able to answer.

Please return the completed questionnaire to us in the enclosed over-night delivery envelope as soon as possible.

Thank you for your help.

| A. System Implementation | | | | | | | | |
|---|---|-----------------------|------------------------|--|--|--|--|--|
| | According to our records, the package containing the MRDP machine and training materials was sent to your establishment on | | | | | | | |
| Арр | proximately when did this | s establishment re | eive that package? | | | | | |
| [If ti | ne exact date is not known | , please enter a 'bes | t guess' of at least m | nonth and year.] | | | | |
| | MONTH DAY YEAR | | | | | | | |
| | | | | | | | | |
| From the time this establishment first received the materials needed to install the MRDP system, that is from [DATE ENTERED IN A1], how long was it before the software part of the system was installed? Was it: 1 □ Less than one month, → GO TO QUESTION A4 2 □ 1-3 months, 3 □ 4-6 months, or 4 □ More than 6 months? | | | | | | | | |
| A3. During this period between receipt of the system and installation, which of the following circumstances explain why installation of the software was delayed? [Please choose all that apply] | | | | | | | | |
| a 🗆 c 🗆 e 🗆 g 🗆 h 🗆 | No staff available to insta System required staff tra Hired no new employees Experienced technical di Other (specify) | aining d 🗆 s f 🗆 | Could not gain ac | ssary equipment cess to the system NS system support | | | | |

Appendix F-3.doc Page 3 of 17

| A4. | | om the time the MRDP software was installed, how long was it before the <u>Card Reader</u> achine was installed? |
|-----|-------------|--|
| | as it: | |
| | 1 | At the same time as the software, → GO TO QUESTION A6 Within a week after installing the software, Over a week after installing the software but within a month, Over a month after installing the software, or Card Reader was never installed? |
| | | |
| A5. | | nich of the following explain why installation of the <u>Card Reader</u> was delayed or never stalled? |
| | | [Please choose all that apply] |
| A6. | | No staff available to install the Card Reader Hired no new employees Experienced technical difficulties installing the Card Reader Could not reach INS system support Other (specify) of the following methods have been used to train staff members to conduct |
| | empic | byment verification with the MRDP? |
| | | [Please choose all that apply] |
| | a □ b □ | Self-instruction with the pilot procedures manual Formal in-house training session |
| | с | Computer tutorial provided with installation package |
| | d \square | Formal training by INS and/or SSA personnel |
| | e □ f □ | Informal on-the-job training Other (specify) |
| | - Ш | Other (specify) |
| | | |

MRDP Second Mail Survey Page 4 of 17

B. MRDP Setup and Maintenance Costs

| Setup Costs | | | | | |
|------------------------|---|--|--|--|--|
| B1. What dir | ect costs did this establishment incur in setting up the MRDP? | | | | |
| <u> </u> | [Please choose all that apply] | | | | |
| а 🗆 | | | | | |
| b□ | | | | | |
| с | Telephone hook-up | | | | |
| d 🗆 | | | | | |
| e 🗆 | Remodeling or restructuring of the physical plant | | | | |
| f 🗆 | | | | | |
| B2. Please p MRDP. | rovide an estimate of the total <u>direct</u> expenditures associated with <u>setting up</u> the | | | | |
| | \$□□,□□□.00 | | | | |
| | e <u>indirect</u> costs associated with <u>setting up</u> the MRDP, such as reassignment of es, additional recruitment, delayed production and so on: | | | | |
| 1 🗆 | An extreme burden, | | | | |
| 2 | A moderate burden, | | | | |
| 3 □ |] A slight burden, or | | | | |
| 4 □ | Not a burden at all? | | | | |
| | | | | | |
| | Maintenance Costs | | | | |
| B4. What are | B4. What are the <u>annual direct</u> costs incurred by this establishment to <u>maintain</u> the MRDP? | | | | |
| | [Please choose all that apply] | | | | |
| а 🗆 | Computer maintenance | | | | |
| b 🗖 | Telephone fees | | | | |
| с | Training of replacement staff | | | | |
| d 🗆 |] Wages of the verification specialist(s) | | | | |
| e 🗆 | Other (specify) | | | | |
| | | | | | |
| | rovide an estimate of the total <u>annual direct</u> expenditures associated with <u>ing</u> the MRDP. | | | | |
| | rovide an estimate of the total <u>annual direct</u> expenditures associated with | | | | |
| <u>maintain</u> | rovide an estimate of the total <u>annual direct</u> expenditures associated with ing the MRDP. | | | | |
| <u>maintain</u> | rovide an estimate of the total <u>annual direct</u> expenditures associated with <u>ing</u> the MRDP. \$ \boxed{ \boxed{\text{ | | | | |
| maintain B6. Have the | rovide an estimate of the total <u>annual direct</u> expenditures associated with <u>ing</u> the MRDP. \$ | | | | |
| maintain B6. Have the | rovide an estimate of the total <u>annual direct</u> expenditures associated with <u>ing</u> the MRDP. \$ | | | | |

MRDP Second Mail Survey Page 5 of 17

| C1. Please cor | nsider the burden associated with the I-9 verification process <u>using the MRDP</u> ? | | | |
|--|---|--|--|--|
| 1 🗆 | An extreme burden, | | | |
| 2 🗆 | A moderate burden, | | | |
| 3 🗆 | A slight burden, or | | | |
| 4 🗆 | Not a burden at all? | | | |
| | | | | |
| | our best estimate of the percentage of newly hired employees who have 'real' documents that belong to another person during the past six months? | | | |
| 0 🗆 | None | | | |
| 1 🗆 | Less than 1 percent | | | |
| 2 🗆 | 1-2 percent | | | |
| 3 🗆 | 3-5 percent | | | |
| 4 🗆 | 6-10 percent | | | |
| 5 🗆 | 11-20 percent | | | |
| 6 🗆 | Over 20 percent | | | |
| | | | | |
| C3. What is your best estimate of the percentage of newly hired employees who have presented counterfeit documents (documents that have been altered or forged) during the | | | | |
| past six m | onths? | | | |
| оп | None | | | |
| 1 0 | Less than 1 percent | | | |
| 2 🗆 | 1-2 percent | | | |
| 3 🗆 | 3-5 percent | | | |
| 4 🗆 | 6-10 percent | | | |
| 5 🗆 | 11-20 percent | | | |
| 6 🗆 | Over 20 percent | | | |
| | | | | |
| | our best estimate of the percentage of the employees verified by this nent during the <u>past six months</u> who falsely claimed to be U.S. citizens? | | | |
| 0 🗆 | None | | | |
| ULI | | | | |
| 1 🗆 | | | | |
| | Less than 1 percent | | | |
| 1 | Less than 1 percent 1-2 percent | | | |
| 1 □ 2 □ 3 □ | Less than 1 percent 1-2 percent 3-5 percent | | | |
| 1 | Less than 1 percent 1-2 percent | | | |

C. Employment Verification Procedures

MRDP Second Mail Survey

| In what month and year describing verification of work authors Card Reader? | lid this establishment <u>begin using</u> the MRDP pilot system for orization, that is, using the MRDP software with or without the |
|--|---|
| | MONTH YEAR |
| Γ | |
| C6. Please estimate the numbe following categories as of t | r of current employees of this establishment in each of the oday. |
| | ontract or temporary service agencies who work at your site; ment's employees who work under contract at another site.] |
| a. Full time permanent | |
| b. Part time permanent | |
| c. On a temporary basis | |
| TOTAL | |
| | |
| | nt of current <u>hourly</u> employees of this establishment would you they were born outside the U.S.? |
| 0 ☐ None 1 ☐ Less than 5 perc 2 ☐ 6-20 percent 3 ☐ 21-40 percent 4 ☐ 41-80 percent 5 ☐ 81-95 percent 6 ☐ Over 95 percent | ent |

| C8. Since [DATE ENTERED IN C5], approximately how many people were <u>hired</u> at this establishment? |
|--|
| DDD, DEOPLE HIRED |
| |
| C9. Since [DATE ENTERED IN C5], for which employees did this establishment verify work authorization? [Please choose all that apply] |
| a ☐ Employees who work at this establishment b ☐ Employees who work at other establishments or branches of this firm c ☐ Employees who work at other companies |
| C10. Since [DATE ENTERED IN C5], approximately what percent of the work authorization verifications for this establishment were conducted by <u>another</u> establishment or firm? |
| 0 ☐ None 1 ☐ 30 percent or less 2 ☐ 31-60 percent 3 ☐ 61-90 percent 4 ☐ Over 90 percent |
| |
| C11. Since [DATE ENTERED IN C5], approximately how many people were <u>verified</u> at this establishment using the MRDP system including <u>using the MRDP Card Reader</u> ? |
| [Also include verifications done for employees of other establishments. If none, mark the small box.] |
| o □ None |
| PEOPLE VERIFIED WITH MRDP CARD READER |
| |
| C12. Since [DATE ENTERED IN C5], approximately how many people were <u>verified</u> at this establishment using the MRDP system but <u>not using the MRDP Card Reader</u> ? |
| [Also include verifications done for employees of other establishments. If none, mark the small box.] |
| 0 ☐ None → GO TO QUESTION C14 |
| PEOPLE VERIFIED WITH MRDP BUT NOT USING THE CARD READER |

| C13. Which of the following were reasons for <u>not</u> using the MRDP system Card Reader? | | | | |
|--|--|--|--|--|
| | [Please choose all that apply.] | | | |
| a □ Ca | rd Reader didn't work | | | |
| b □ No | staff available who knew how to use the Card Reader | | | |
| | rd Reader was not accessible when employee's documents were examined | | | |
| | perienced technical difficulties with the Card Reader | | | |
| | ck of confidence in Card Reader | | | |
| | rson did not have an lowa driver's license or lowa ID card | | | |
| _ | ner – Specify | | | |
| <u> </u> | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | ATE ENTERED IN C5], approximately how many people were <u>verified</u> at this | | | |
| | hment using any verification method <u>other than the MRDP system</u> ? | | | |
| [Also include v | erifications done for employees of other establishments. If none, mark the small box.] | | | |
| | _ | | | |
| ○ □ None → GO TO QUESTION C16 | | | | |
| | | | | |
| | PEOPLE VERIFIED BUT NOT WITH MRDP | | | |
| | • | | | |
| | | | | |
| | | | | |
| | | | | |
| C15. Which o | f the following were reasons for <u>not</u> using the MRDP system for the verifications? | | | |
| | [Please choose all that apply.] | | | |
| a □ No | trained staff available | | | |
| b□ Ex | perienced technical difficulties with the software or the Card Reader | | | |
| c □ La | ck of confidence in databases | | | |
| d □ Th | e system is burdensome and time-consuming | | | |
| _ | veloped other ways to ensure work eligibility of newly hired employees | | | |
| _ | cided to have a contractor verify employees for this establishment | | | |
| _ | cided to use employees of temporary or other contract agencies | | | |
| _ | her – Specify | | | |
| | | | | |
| | | | | |
| | | | | |

| | w often do you close cases (enter closure codes) each of the following types of MRDP cases: | Never | Sometimes | Often | Always | ٨ |
|------|---|---------|-----------|---------|-----------|----------------|
| [1 | Please select 'N/A' if the situation has never arisen] | (1) | ග | (3) | (4) | A/N (5) |
| | ases in which you realize that a mistake was made when entering the data into the system? | | | | | |
| b. C | ases determined to be work-authorized? | | | | | |
| c. C | ases determined to be <u>not</u> work-authorized? | | | | | |
| d. C | ases receiving a final non-confirmation? | | | | | |
| | ases receiving a tentative non-confirmation that the employee decides not to contest? | | | | | |
| f. C | Other cases (specify)? | | | | | |
| | | | | | | |
| C17. | Has the MRDP system <u>ever</u> responded that one of the "tentative non-confirmation" finding? | e empl | oyees b | eing ve | erified h | ad a |
| | [Include all cases regardless of whether the Card Reade the finding was made.] | r was u | sed and | regardı | less of v | vhy |
| 1 🗆 | YES | | | | | |
| 5 🗆 | NO → GO TO QUESTION D1 | | | | | |
| 8 🗆 | DON'T KNOW → GO TO QUESTION D1 | | | | | |
| | | | | | | |
| C18. | Since [DATE ENTERED IN C5], approximately how m findings have you received: | any ter | ntative r | on-cor | nfirmati | on |
| 1 🗆 | 5 or fewer, | | | | | |
| 2 🗆 | 6 to 10, or | | | | | |
| 3 🗆 | 11 or more? | | | | | |

| C19. | As far as you know, were any of the tentative non-confirmation findings you received the result of someone making a 'data entry' mistake when entering the I-9 information into the MRDP system? |
|------|--|
| 1 🗆 | YES |
| 5 🗆 | NO → GO TO QUESTION C21 |
| 8 🗆 | DON'T KNOW → GO TO QUESTION C21 |
| | |
| C20. | Which of the following describe experiences you had with tentative non-confirmation findings due to data entry mistakes? |
| | [Please choose all that apply] |
| а 🗆 | We found the error ourselves and corrected it without telling the employee |
| b 🗖 | The employee found the error when told about the finding and we corrected it without the employee having to contest the finding |
| с□ | The employee contested the finding and INS or SSA discovered the error |
| | |
| C21. | Did you have any tentative non-confirmation findings that were <u>not</u> the result of data entry errors? [Any not already included in C19 and C20] |
| 1 🗆 | YES |
| 5 🗆 | NO → GO TO QUESTION D1 |
| 8 🗆 | DON'T KNOW → GO TO QUESTION D1 |
| | |
| C22. | Which of the following describe experiences you have had with tentative non-confirmation cases that were <u>not</u> considered data entry error cases? |
| | [Please choose all that apply] |
| а 🗆 | We told the employee about the finding and the employee decided to contest. |
| b 🗖 | We told the employee about the finding and the employee decided to quit rather than to contest the finding. |
| с 🗆 | We never told the employee about the tentative non-confirmation finding, because the employee was no longer working for us when we got the finding. |
| d□ | We never told the employee about the tentative non-confirmation finding, because we couldn't locate the employee. |
| е 🗆 | We decided <u>not to hire</u> the employee without telling him or her about the tentative non-confirmation finding. |
| f□ | We decided to <u>fire</u> the employee without telling him or her about the tentative non-confirmation finding. |
| g□ | Other (specify) |

| C23. On average, how soon after you receive a tentative nor employee? Would you say: | -confirn | nation | do you | notify t | he | | |
|--|-------------------|-----------|--------|----------------|-------------------------|--|--|
| 1 ☐ The same day, | | | | | | | |
| 2 ☐ Within three days but not the same day, | · | | | | | | |
| 3 ☐ Within a week but more than three days, | | | | | | | |
| 4 ☐ Over a week, or | | | | | | | |
| 5 ☐ They are usually not informed? | | | | | | | |
| | | | | | | | |
| C24. Please consider each of the following statements related to tentative non-confirmations received while using the MRDP system. Select the answer that best represents the experiences of this establishment. | Strongly Disagree | Disagree | Agree | Strongly Agree | ∢ | | |
| [Please select 'N/A' if the situation has never occurred.] | 캸 | ä | Ag | St | N N | | |
| | (1) | (2) | (3) | (4) | (5) | | |
| Contesting a tentative non-confirmation is not encouraged because the process requires too much time. | | | | | | | |
| b. Providing assistance to employees who contest a tentative non-confirmation is an excessive burden on staff. | | | | | | | |
| c. Contesting a tentative non-confirmation is not encouraged because employment authorization rarely results. | | | | | | | |
| d. Establishing employment authorization has become a burden because there are so many tentative non- confirmations. | | | | | | | |
| Work assignments must be restricted until employment authorization is confirmed. | | | | | | | |
| f. Pay is reduced until employment authorization is confirmed | . 🗆 | | | | | | |
| g. Training is delayed until after employment authorization is confirmed. | | | | | | | |
| | | | | | | | |
| | | nes | | | | | |
| C25. How often do each of the following situations apply to this establishment's use of the MRDP? | Never | Sometimes | Often | Always | ⋖ | | |
| [Please select 'N/A' if the situation has never arisen] | Ž (1) | (2) | (3) | (4) | Y / N (5) | | |
| a. Employees who fail initial verification are informed privately | | | | | | | |
| b. <u>Written</u> notification of a tentative non-confirmation is given to employees | | | | | | | |
| c. <u>In-person</u> notification of tentative non-confirmation is giver to employees | | | | | | | |

| \Box | \ /io\A/O | A bout | MRDP | Dilot |
|--------|-----------|--------|--------|-------|
| ∟. | VIEWS | ADOUL | IVIRUE | |

| D1. Which of the following <u>best</u> describes this establishment's <u>current</u> use of the MRDP Pilot? | | | | |
|---|---|--|--|--|
| | [Please choose only <u>one</u> answer.] | | | |
| 1 🗆 | We currently use the MRDP Program for <u>all</u> verifications. | | | |
| 2 🗆 | We currently use the MRDP Pilot only for some verifications. | | | |
| 3 □ | We currently do not use the MRDP Pilot for verifications. | | | |

| D2. | D2. Which of the following statements describe this establishment's experience w | | ith the | |
|-----|--|---|---------|-----|
| | IVIIXI | [Please indicate 'Yes' or 'No' for each item.] | YES | NO |
| | a. | It is easy to make errors when entering employee information into the system. | 1 🗆 | 5 🗆 |
| | b. | Frequent technical assistance is required from the INS to use the MRDP program. | 1 🗆 | 5 🗆 |
| | C. | At times, the number of employees hired is so great that it is impossible to enter and submit the information required by the deadline. | 1 🗆 | 5 🗆 |
| | d. | The software for the pilot verification system is so cumbersome that it is impossible to submit work authorization requests by the deadline. | 1 🗆 | 5 🗆 |
| | e. | Most of this establishment's new hires have provided an lowa driver's license or state identification card containing a machine-readable social security number. | 1 🗆 | 5 🗆 |
| | f. | Many of the new hires with an lowa driver's license or state identification card were reluctant to relinquish their card for the amount of time it would take to do the verification. | 1 🗆 | 5 🗆 |
| | g. | The machine-reading device has successfully read most or all of the machine-readable cards that have been swiped. | 1 🗆 | 5 🗆 |

| D3. | to | ease consider each of the following statements related the MRDP <u>procedures</u> and select the choice that best scribes the experiences at this establishment. | Strongly Disagree | Disagree | Agree | Strongly Agree | N/A |
|-----|-----------|---|-------------------|----------|---------|------------------|------------|
| | a. | The tasks required by the MRDP verification system overburden the staff. | (1) | (2) | (3) | (4) | (5) |
| | b. | It is impossible to fulfill all the employer obligations required by the MRDP verification process. | | | | | |
| | C. | It is easier to confirm work authorization through the MRDP verification system than it was prior to using the MRDP. | | | | | |
| | d. | Work authorizations obtained through the MRDP verification system are more reliable than they were prior to using the MRDP. | | | | | |
| | e. | Overall, the MRDP is an effective tool for employment verification. | | | | | |
| | | | | | | | |
| D4. | co the | e following statements describe possible <u>changes that</u> uld be made to the MRDP procedures. Please select e answer that best describes your views for each of ese possible changes. | Strongly Oppose | Oppose | Support | Strongly Support | No opinion |
| | a. | New cases could not be entered into the MRDP until all cases submitted more than two weeks earlier had been closed. | (1) | (2) | (3) | (4) | (5) |
| | b. | New cases could not be entered until you input referral | | | | | |

dates for all employees who received tentative non-

c. The MRDP system had more error checks built in to the program so that it would tell you about obvious data entry errors (e.g., birth dates indicating someone was born this

d. Any other change you might want to suggest (specify)

confirmations more than two weeks earlier.

MRDP Second Mail Survey

year).

| D5. | We'd like to know your impressions of working with the SSA. How often did anyone from your establishment attempt to contact the SSA by phone or in writing about issues related to the MRDP employment verification process? Was it: |
|-----|--|
| | 1 ☐ Never, → GO TO QUESTION D8 |
| | 2 1-4 times, |
| | 3 ☐ 5-20 times, or 4 ☐ More than 20 times? |
| | 4 Wore than 20 times: |
| | |
| D6. | How satisfied were you with the outcome of your attempts to contact the SSA about issues related to employment authorization? Would you say: |
| | 1 ☐ Very satisfied, |
| | 2 ☐ Somewhat satisfied, |
| | 3 Not very satisfied, or |
| | 4 Not at all satisfied? |
| | |
| D7. | What are the reasons for being or not being satisfied with your attempts to contact SSA? |
| | |
| | |
| | |
| | |
| D8. | We would like to know your impressions of working with the INS. How often did anyone from your establishment attempt to contact INS by phone or in writing about issues related to the MRDP employment verification process? Was it: |
| | 1 ☐ Never, → GO TO QUESTION D11 |
| | 2 □ 1-4 times, |
| | 3 5-20 times, or |
| | 4 ☐ More than 20 times? |
| | |
| | |
| D9. | How satisfied were you with the outcome of your attempts to contact the INS about issues related to employment authorization? Would you say: |
| | 1 ☐ Very satisfied, |
| | 2 Somewhat satisfied, |
| | 3 □ Not very satisfied, or4 □ Not at all satisfied? |
| 1 | 4 LI 110t at an adionica: |

| D10. | Wh | at are the reasons for being or not being satisfied with your attempts to contact INS? |
|------|----|---|
| | | |
| | | |
| | | |
| D11. | | garding the impact of the MRDP on this establishment, would you say that, when the RDP system is used, the type of persons who apply for jobs <u>decreases</u> for: |
| 1 | | Work authorized applicants, |
| | | Applicants who are not work authorized, or |
| 3 | | Both types of applicants? |
| | | |
| D12. | Wo | ould you say that the MRDP system has made it more difficult to recruit: |
| 1 | | Qualified salaried and hourly workers, |
| 2 | | Qualified salaried workers only, |
| | | Qualified hourly workers <u>only</u> , or |
| 4 | | Neither qualified hourly or salaried workers? |
| | | |
| D13. | Us | ing the MRDP verification system resulted in the resignation of: |
| 1 | | Many existing employees, |
| 2 | | Some existing employees, or |
| 3 | | No existing employees? |
| | | |
| D14. | Us | ing the MRDP verification system made our establishment: |
| 1 | | More competitive, |
| 2 | | Less competitive, or |
| 3 | | Had no effect on our competitiveness? |

| E1. | How would you characterize the financial health of this establishment during the past six months? Would you say: 1 |
|-----|---|
| E2. | During the past six months, has this establishment experienced: |
| | Rapid growth, Moderate growth, No change, or A reduction in growth? |
| | |
| | F. Comments |
| F1. | Please use the space provided below (and continue on the back cover if needed) to record any additional comments or concerns related to the Machine Readable Document Pilot (MRDP). |

E. Establishment Characteristics

Your effort and the information you have provided are greatly appreciated.

Thank you for taking the time to answer this survey.

MRDP Second Mail Survey Page 17 of 17

| Start | Time: | | | | | |
|--------------|-------|--|--|--|--|--|
| | | | | | | |

MRDP EMPLOYER ON-SITE INTERVIEW

A. ESTABLISHMENT CHARACTERISTICS

[NOTE: Questions A1-A4 are not included in this version.]

| A5. | Is this establishment a personnel or temporary employee comfor other firms? | pany that supplies w | orkers |
|-----|---|----------------------|--------|
| | | YES | 1 |
| | GO TO SECTION B | NO | 5 |
| | GO TO SECTION B | DON'T KNOW | 8 |

| A6. | Which of the following best describes your establishment? Would you say: (CODE 'YES' OR 'NO' FOR EACH ITEM.) | | |
|-----|--|-----|----|
| | | YES | NO |
| | A. a temporary help agency? That is, an establishment that hires and then pays workers who work off-site under the supervision of another employer. That employer then pays you for your services. | 1 | 5 |
| | B. an employment agency? That is, an establishment that tries to find workers to be hired by an employer who will, if the search is successful, pay you a fee for that service. | 1 | 5 |
| | C. some other type of temporary help agency? (IF NOTHING ELSE, CODE 'NO'. IF OTHER TYPE MENTIONED, CODE 'YES' AND SPECIFY.) | 1 | 5 |

Appendix F-4.doc Page 1 of 21

| A7. | 7. Do you ask new hires to fill out an I-9 Form before you send them to work elsewhere | | |
|-----|--|----------------------------------|------------|
| | | YES | 1 |
| | | NO | 5 |
| | | | |
| | | | |
| A8. | What type of companies do you usually work w | with? That is, what do thou me | ako or do? |
| Ao. | (RECORD VERBATIM) | vitire Triat is, what do they ha | ake of do! |
| | , | | |
| | | | |

| A9. | Would you please give me the company names of one or two of your most frequent clients? RECORD VERBATIM) |
|-----|--|
| | 1. |
| | 2. |
| | 3. |

[NOTE: Questions A10-A11 are not included in this version.]

Appendix F-4.doc Page 2 of 21

B. EMPLOYEE CHARACTERISTICS

[NOTE: Questions B1-B5 are not included in this version.]

B8.

| B6. | Now I'd like to ask some questions about the employees at this establishment. | | |
|------------|---|--|---|
| <u>DO.</u> | Would you say that immigrant en | nployees in this establishment are predominantly | • |
| | | unskilled laborers, | 1 |
| | | semi-skilled operatives, | 2 |
| | | service workers, | 3 |
| | | skilled workers and craftsmen, or | 4 |
| | | other? (SPECIFY:) | 5 |
| | | | |

When your establishment first began using the MRDP, was the percentage of immigrants working here:

| lower than now, | 1 |
|---------------------|---|
| higher than now, or | 2 |
| the same as now? | 3 |

In your opinion, which of the following factors have affected the extent to which you rely on immigrant workers? Do you think that:

| | YES | NO |
|---|-----|----|
| there are more immigrants in this area than there were previously? | 1 | 5 |
| immigrants are less likely to apply to this establishment because of the pilot program? | 1 | 5 |
| some of the managers in this establishment are hesitant to hire immigrants because of problems associated with the pilot program? | 1 | 5 |
| you've made changes that have made your jobs more attractive to non-immigrants? | 1 | 5 |
| Are there any other factors have had an effect? (SPECIFY:) | 1 | 5 |
| | | |
| | | |
| | | |

Appendix F-4.doc Page 3 of 21

| B9. | Do you think that the MRDP program makes participating empto hire immigrants? | oloyers more or less | willing |
|-----|---|----------------------|---------|
| | | MORE WILLING | 1 |
| | | LESS WILLING | 2 |
| | CO TO CRETION C | NEITHER | 3 |
| | GO TO SECTION C | DON'T KNOW | 8 |

| B10. | Why does it make them (more / less) willing to hire immigrants? | (RECORD VERBATIM) |
|------|---|-------------------|
| | | |
| | | |
| | | |
| | | |

Appendix F-4.doc Page 4 of 21

C. HIRING PROCEDURES

Now I'd like to find out a little bit about this establishment. In order to understand how the MRDP pilot program has really been working, it would be helpful if we could get a general understanding of your procedures for hiring and processing new workers.

Which of the following items do you request from job applicants before making a job C1. offer? Do you request: (CODE 'YES' OR 'NO' FOR EACH ITEM.) YES NO 5 A. a resume or vita? 1 B. a completed job application? 1 5 C. references? 1 5 D. skills tests? 1 5 E. a medical form or tests? 1 5 5 F. a completed I-9 Form? 1 1 5 G. work authorization documents? H. What else do you request before making a job offer? (IF NOTHING ELSE, CODE 'NO'. IF ANY ADDITIONAL ITEMS MENTIONED, CODE 'YES' AND SPECIFY.) 1 5

Appendix F-4.doc Page 5 of 21

| C2. | Which of the following procedures does this establishment use to process new employees <u>after</u> they are hired? Do you use: (CODE 'YES' OR 'NO' FOR EACH I' | | | |
|-----|---|-----|----|--|
| | | YES | NO | |
| | A. orientation sessions? | 1 | 5 | |
| | B. a completed I-9 Form? | 1 | 5 | |
| | C. completed forms other than I-9? | 1 | 5 | |
| | D. verification of work authorization using the MRDP software? | 1 | 5 | |
| | E. a physical exam? | 1 | 5 | |
| | F. drug tests? | 1 | 5 | |
| | G. What other procedures do you use to process new employees after they are hired? (IF NOTHING ELSE, CODE 'NO'. IF ANY OTHER PROCEDURES MENTIONED, CODE 'YES' AND SPECIFY.) | 1 | 5 | |

Appendix F-4.doc Page 6 of 21

| C3. | the Card Reader? | employees do you use the MRDP softwa | | with or w | vithout |
|-----|--|---|--------------|-----------|---------|
| | | | | | |
| | | GORY NOT CIRCLED IN COLUMN a, ASK:) RDP program for [CATEGORY]? O' IN COLUMN b) | | | |
| | | | a. | b. PR | OBED |
| | | | GIVEN | YES | NO |
| | A. NEW EMPLOYEES | WHO CLAIM TO BE NON-CITIZENS | 1 | 1 | 5 |
| | B. NEW EMPLOYEES | WHO CLAIM TO BE CITIZENS | 2 | 1 | 5 |
| | C. JOB APPLICANTS | | 3 | 1 | 5 |
| | | WORKED AT THE ESTABLISHMENT TITUTION OF THE MRDP | 4 | 1 | 5 |
| | E. OTHER TYPES OF | EMPLOYEES (SPECIFY:) | 5 | 1 | 5 |
| | - | | | 1 | I. |
| C4. | Is the MRDP system g | enerally used to process a new employed | e: | | |
| | | after a job offer but before the employed paid work, | e's first da | y of | 1 |
| | | on the first day of paid work, | | | 2 |
| | within the first three days of work, | | | 3 | |
| | more than three days after starting work, or | | | 4 | |
| | | at some other time? (SPECIFY:) | | | 5 |

[NOTE: Question C5 is not included in this version.]

Appendix F-4.doc Page 7 of 21

D. CHANGES SINCE THE MRDP STARTED

| D1. | Please tell me how long <u>you</u> personally have been involved with <u>hiring</u> at this establishment. AND MONTHS |
|-----|---|
| | YEARS MONTHS |
| | |
| D2. | And how long have <u>you</u> personally been working with the <u>MRDP program</u> at this establishment? |
| | AND |
| | YEARS MONTHS |

Appendix F-4.doc Page 8 of 21

In answering the following questions about changes since beginning to use the MRDP, I would like you to compare the hiring procedures your establishment uses now with the procedures that were in existence before your establishment began using the MRDP program.

| D3. | Have there been any modifications in the way this establishment <u>recruits or hires</u> employees <u>since</u> this establishment began using the MRDP program? | | | |
|-----|--|------------|---|--|
| | | YES | 1 | |
| | GO TO D5 | NO | 5 | |
| | GO 10 D5 | DON'T KNOW | 8 | |

- D4. a. Did these modifications involve: (CODE 'YES' OR 'NO' IN COLUMN a FOR EACH ITEM.)
 - b. (FOR EACH CATEGORY CODED 'YES' IN COLUMN a, ASK:)
 Did the change in [CATEGORY] apply to US citizens only, non-citizens, or both?
 (CODE RESPONSE IN COLUMN b)

| | a. | | b. | | |
|--|-----|----|---------------|-------------------|------|
| | YES | NO | US CITIZEN | NON-US CITIZEN | вотн |
| A. the way resumes are reviewed? | 1 | 5 | 1 | 2 | 3 |
| B. requirements for in-person interviews? | 1 | 5 | 1 | 2 | 3 |
| C. verification of work authorization? | 1 | 5 | 1 | 2 | 3 |
| D. the requirement of fewer or more documents to confirm work authorization? | 1 | 5 | 1 | 2 | 3 |
| E. What other modifications have there been? (IF NO OTHERS, CODE 'NO'. | 1 | 5 | 1 | 2 | 3 |
| IF ANY OTHERS, CODE 'YES') | | | | | |

| EXPLAIN <u>ALL</u> YES RESPONSES) | |
|-----------------------------------|--|
| | |
| | |
| | |

Appendix F-4.doc Page 9 of 21

| D5. In your opinion, has the MRDP verification system helped to <u>reduce</u> some of the work associated with collecting and reviewing the documents required for employment verification? | | | | |
|---|---|---|--|--|
| | YES | 1 | | |
| CO TO DE | NO | 5 | | |
| GO 10 D/ | DON'T KNOW | 8 | | |
| How has it helped reduce the work associated with collectin | g and reviewing doc | uments? | | |
| (RECORD VERBATIM) | g and reviewing dock | | | |
| | | nt of | | |
| | YES | 1 | | |
| | NO | 5 | | |
| GO TO D9 | DON'T KNOW | 8 | | |
| | -1 | | | |
| (Why do you think so? / Why not?) (RECORD VERBATIM) | | | | |
| | Associated with collecting and reviewing the documents requestion? GO TO D7 How has it helped reduce the work associated with collecting (RECORD VERBATIM) Do you think the MRDP verification system has helped to repersons who are not legally authorized to work in the United GO TO D9 | associated with collecting and reviewing the documents required for employmen verification? GO TO D7 GO TO D7 FES NO DON'T KNOW How has it helped reduce the work associated with collecting and reviewing doct (RECORD VERBATIM) Do you think the MRDP verification system has helped to reduce the employmen persons who are not legally authorized to work in the United States? YES NO GO TO D9 GO TO D9 DON'T KNOW | | |

Appendix F-4.doc Page 10 of 21

| D9. | 9. Is the notice about the MRDP pilot placed in the reception area? | | |
|-----|---|------------|---|
| | | YES | 1 |
| | | NO | 5 |
| | GO TO SECTION E | DON'T KNOW | 8 |

D10. Where in the reception area is the notice about the MRDP pilot placed?

[IF OBSERVED, ENTER IN COLUMN a. IF REPORTED, ENTER IN COLUMN b.

IF OBSERVED AND REPORTED, ENTER IN COLUMN a AND IN COLUMN b.].

| | a. OBSERVED | b. REPORTED |
|--|----------------|----------------|
| A. WHERE IT CAN BE EASILY NOTICED BY APPLICANTS (E.G., BY ITSELF ON A WALL NEXT TO THE RECEPTION DESK) | 1 | 5 |
| B. WHERE APPLICANTS MAY BE ABLE TO NOTICE IT (E.G., ON A BULLETIN BOARD NEXT TO THE RECEPTION DESK WITH THREE OR FOUR OTHER NOTICES) | 2 | 6 |
| C. WHERE IT IS UNLIKELY TO BE NOTICED BY APPLICANTS (E.G., FAR FROM THE RECEPTION DESK OR WITH A LARGE NUMBER OF OTHER NOTICES) | 3 | 7 |
| D. OTHER (SPECIFY) | 4 | 8 |
| DON'T KNOW | | 98 |

Appendix F-4.doc Page 11 of 21

E. GENERAL EXPERIENCES WITH THE MRDP PROGRAM

<u>Before</u> you began using the MRDP system, how would you characterize the I-9 employment verification process? Would you say it was:

| very burdensome, | 1 |
|-------------------------|---|
| moderately burdensome, | 2 |
| somewhat burdensome, or | 3 |
| not at all burdensome? | 4 |

E2. Currently, how would you characterize the I-9 employment verification process using the MRDP Card Reader? Would you say it is:

| very burdensome, | 1 |
|-------------------------|---|
| moderately burdensome, | 2 |
| somewhat burdensome, or | 3 |
| not at all burdensome? | 4 |
| DO NOT USE CARD READER | 5 |

<u>Currently</u>, how would you characterize the I-9 employment verification process using the MRDP software <u>without the Card Reader</u>? Would you say it is:

| very burdensome, | 1 |
|-------------------------|---|
| moderately burdensome, | 2 |
| somewhat burdensome, or | 3 |
| not at all burdensome? | 4 |
| ALWAYS USE CARD READER | 5 |

E4. Thinking of the effect the MRDP program has had at your establishment, would you say your confidence that new hires are work authorized has increased:

| quite a lot, | 1 |
|-------------------|---|
| somewhat, | 2 |
| only a little, or | 3 |
| not at all? | 4 |

Appendix F-4.doc Page 12 of 21

| E5. | 5. Did this establishment encounter any difficulties during the process of <u>setting up</u> the MRDP software or Card Reader? | | | | |
|-----|--|------------|---|--|--|
| | | YES | 1 | | |
| | GO TO E7 ← | NO | 5 | | |
| | GO TO E7 | DON'T KNOW | 8 | | |

| E6. | | s during the process of <u>setting up</u> the MRDP software or C RBATIM; THEN CIRCLE ALL THAT APPLY) | ard |
|-----|---|---|-----|
| | | | |
| | 7 | A. PROBLEM WITH OUR MODEM | 1 |
| | I | 3. PROBLEM WITH THE TYPE OF COMPUTER SYSTEM WE USE | 2 |
| | (| C. PROBLEM WITH THE PHONE LINE | 3 |
| | ī | D. PROBLEM WITH THE CARD-READING MACHINE | 4 |
| | I | E. OTHER TECHNICAL PROBLEMS WITH SOFTWARE, HARDWARE, ETC. | 5 |
| | F | F. PROCEDURAL PROBLEMS [RELUCTANCE TO USE BECAUSE OF NEED TO HOLD DRIVER'S LICENSE OR ID CARD, ETC.] | 6 |
| | | G. STAFF PROBLEMS [WHO WILL DO THE VERIFICATIONS, TRAINING NEW STAFF TO DO VERIFICATIONS, TIME, ETC.] | 7 |
| | 1 | H. EMPLOYEE ISSUES [RELUCTANCE TO PROVIDE DRIVER'S LICENSE, ETC.] | 8 |
| | Ī | . OTHER | 9 |

Appendix F-4.doc Page 13 of 21

| E7. | 7. Did this establishment encounter any difficulties with the MRDP software or Card Reader <u>after</u> the program was set up? | | | | | | |
|-----|---|------------|---|--|--|--|--|
| | | YES | 1 | | | | |
| | GO TO E9 ← | NO | 5 | | | | |
| | GO TO E9 | DON'T KNOW | 8 | | | | |

| E8. a What were the difficulties encountered with the MRDP software or Card Reader <u>aff</u> the program was set up? (RECORD VERBATIM; CIRCLE ALL THAT APPLY IN COLUMN a) | | | | | ader <u>after</u> | | |
|--|----|---|-------|----------|-------------------|--------------|--------|
| | | | | | | | |
| | | | | | | | |
| | b. | (FOR EACH CATEGORY NOT CIRCLED IN C What about [CATEGORY]; was that a prob (CODE PROBED 'YES' OR 'NO' IN COLUMN | olem? | ı, ASK:) | | | |
| | C. | (FOR EACH CATEGORY <u>CIRCLED</u> IN COLUCUMN b, ASK:) Is [CATEGORY] an ongo | | | | | ? |
| | | (CODE 'ONGOING' OR 'SOLVED' IN COLUM | N c) | П | | | |
| | | | a. | b. PR | OBED | (| C. |
| | | | GIVEN | YES | NO | ON- GOING | SOLVED |
| | A. | PROBLEM ACCESSING THE SYSTEM (I.E., HARD TO GET THROUGH) | 1 | 1 | 5 | 1 | 2 |
| | B. | SYSTEM UNAVAILABLE FOR USE DURING WEEKENDS OR NIGHTS | 2 | 1 | 5 | 1 | 2 |
| | | | | | | | |

| | GIVEN | YES | NO | ON- GOING | SOLVED |
|--|-------|-----|----|--------------|--------|
| A. PROBLEM ACCESSING THE SYSTEM (I.E., HARD TO GET THROUGH) | 1 | 1 | 5 | 1 | 2 |
| B. SYSTEM UNAVAILABLE FOR USE DURING WEEKENDS OR NIGHTS | 2 | 1 | 5 | 1 | 2 |
| C. OTHER TECHNICAL PROBLEMS | 3 | 1 | 5 | 1 | 2 |
| D. PROCEDURAL PROBLEMS [RELUCTANCE TO USE BECAUSE OF NEED TO HOLD DRIVER'S LICENSE OR ID CARD, ETC.] | 4 | 1 | 5 | 1 | 2 |
| E. STAFF PROBLEMS [TRAINING NEW STAFF TO DO VERIFICATIONS, ETC.] | 5 | 1 | 5 | 1 | 2 |
| F. OTHER DIFFICULTIES WITH THE MRDP SOFTWARE AFTER IT WAS SET UP | 6 | 1 | 5 | 1 | 2 |
| G. OTHER DIFFICULTIES WITH THE MRDP CARD READER AFTER IT WAS SET UP | 7 | 1 | 5 | 1 | 2 |

Appendix F-4.doc Page 14 of 21

| E9. | In your opinion, what are some of the <u>benefits</u> of the MRDP verification sys Would you say: (CODE 'YES' OR 'NO' FOR EACH ITEM.) | tem? | |
|------|---|------|----|
| | | YES | NO |
| | A. it increases confidence in the establishment's ability to detect persons who are not eligible to work? | 1 | 5 |
| | B. it makes the establishment feel comfortable that it is in compliance with the law? | 1 | 5 |
| | C. it decreases the likelihood of an INS audit? | 1 | 5 |
| | D. it decreases the likelihood of employment sanctions? | 1 | 5 |
| | E. it gives employees an opportunity to correct their INS or SSA records? | 1 | 5 |
| | F. By using the Card Reader to enter information, data entry errors are reduced? | 1 | 5 |
| | G. the Card Reader calls SSA automatically to initiate verification? | 1 | 5 |
| | H. What other benefits of the MRDP system are there? (IF NO OTHERS, CODE 'NO'. | 1 | 5 |
| | IF ANY OTHERS, CODE 'YES') | | |
| (EXP | LAIN ALL YES RESPONSES) | | |
| | | | |

Appendix F-4.doc Page 15 of 21

| E10. | a. In your opinion, what are the main <u>disadvantages or shorted</u> verification system? (RECORD VERBATIM; CIRCLE ALL THA | | | |
|------|--|-------|-------|------|
| | b. (FOR EACH CATEGORY NOT CIRCLED IN COLUMN a, ASK:) What about [CATEGORY]; is that a main disadvantage or shortcoming of the MRDP? (CODE 'YES' OR 'NO' IN COLUMN b) | a. | b. PR | OBED |
| | | GIVEN | YES | NO |
| | A. HARDER TO FIND WORKERS | 1 | 1 | 5 |
| | B. LOST WORK TIME WHEN EMPLOYEES NEED TO GO THROUGH THE MRDP PROCEDURES | 2 | 1 | 5 |
| | C. TIME-CONSUMING TO CALL SSA SEPARATELY FOR EACH ENTRY USING THE CARD READER | 3 | 1 | 5 |
| | D. STILL REQUIRES ADDITIONAL MANUAL DATA ENTRY FOR MOST NON-CITIZEN EMPLOYEES | 4 | 1 | 5 |
| | E. INCREASED BURDEN TO PROCESS NEW HIRES | 5 | 1 | 5 |
| | F. LOST TRAINING INVESTMENT OR WORK TIME WHEN NON- VERIFIED EMPLOYEES LEAVE | 6 | 1 | 5 |
| | G. INCREASED DISCRIMINATION | 7 | 1 | 5 |
| | H. POTENTIAL VIOLATION OF PRIVACY RIGHTS OF EMPLOYEES | 8 | 1 | 5 |
| | I. OTHER | 9 | 1 | 5 |

Appendix F-4.doc Page 16 of 21

| E11. | E11. On balance, do you think the <u>benefits</u> or the <u>disadvantages</u> of the MRDP verification system are stronger, or do you think they are equal? | | | | |
|------|---|--------------------------------|-------------|----------|--|
| | | BENEFITS STRONGER | | 1 | |
| | | DISADVANTAGES STRONG | GER | 2 | |
| | | EQUAL BENEFITS AND DIS | SADVANTAGES | 3 | |
| | GO TO E13 👞 | DON'T KNOW | | 8 | |
| | | | | | |
| E12. | Why do you feel this way? (RE | ECORD VERBATIM) | | | |
| | | | | | |
| | | | | | |
| E13. | Have you used the MRDP Card I | Reader? | | Ι. | |
| | | | YES | 1 | |
| | | GO TO E15 ◀ | NO | 5 | |
| | | | DON'T KNOW | 8 | |
| E14. | Please describe the process of u verifications can be entered at or Card Reader seem to be working (RECORD VERBATIM) | ne time, is there a delay in g | | | |
| | | | | | |

(INTERVIEWER: GO TO SECTION F)

Appendix F-4.doc Page 17 of 21

| E15. | Please describe why you have not used the Card Reader. (RECORD VERBATIM) |
|------|---|
| | |
| | |
| | F. COMMENTS REGARDING MRDP |
| | |
| F1. | What haven't we asked about the MRDP program and employment verification that we should know about in order to better evaluate the program? (RECORD VERBATIM) |
| | |
| | |
| - | |
| - | |
| | |
| | |
| | |
| | |

Appendix F-4.doc Page 18 of 21

G. SECURITY ISSUES REGARDING I-9 ENTRY

Now I have some questions about security regarding the MRDP program entry of I-9 Forms at this establishment.

| | | | a. | b. |
|----|---|-------------------|----------|----------|
| | | | OBSERVED | REPORTED |
| G1 | Is the computer that is used for verification located in a locked room (that is, is a key or card needed to enter the room)? | YES, LOCKED | 1 | 2 |
| | [IF OBSERVED, CIRCLE ONE CODE IN COLUMN a. IF REPORTED, CIRCLE ONE CODE IN COLUMN b. IF OBSERVED AND REPORTED, CIRCLE ONE CODE IN COLUMN a AND ONE CODE IN COLUMN b.] | NO, NOT LOCKED | 5 | 6 |

(IF COMPUTER IS IN A LOCKED ROOM [G1 = 1 OR 2] ASK G2. OTHERWISE, GO TO G3.)

| | | | a. | b. |
|----|---|------------------------------|----------|----------|
| | | | OBSERVED | REPORTED |
| G2 | Is that room usually kept locked when it is not occupied? | YES, USUALLY LOCKED | 1 | 2 |
| | [IF OBSERVED, CIRCLE ONE CODE IN COLUMN a. IF REPORTED, CIRCLE ONE CODE IN COLUMN b. IF OBSERVED AND REPORTED, CIRCLE ONE CODE IN COLUMN a AND ONE CODE IN COLUMN b.] | NO, NOT USUALLY LOCKED | 5 | 6 |

| | | a. NUMBER OBSERVED | b. NUMBER REPORTED | |
|----|--|-----------------------|-----------------------|-----|
| G3 | How many people usually work in that room? | | | |
| - | [IF OBSERVED, ENTER IN COLUMN a. | | | |
| | IF REPORTED, ENTER IN COLUMN b. IF OBSERVED <u>AND</u> REPORTED, ENTER IN COLUMN a <u>AND</u> IN COLUMN b.]. | | DON'T KNOW | 998 |

| G4. | How easy would it be for an unauthorized person to gain access to the MRDP computer or program? (RECORD VERBATIM) | | |
|-----|---|--|--|
| | | | |
| | | | |
| | | | |

Appendix F-4.doc Page 19 of 21

G5. Where are the instructions for using the MRDP system located?

[IF OBSERVED, CIRCLE ONE CODE IN COLUMN a. IF REPORTED, CIRCLE ONE CODE IN COLUMN b.

IF OBSERVED AND REPORTED, CIRCLE ONE CODE IN COLUMN a AND ONE CODE IN COLUMN b.]

| | a. OBSERVED | b. REPORTED |
|---|----------------|----------------|
| A. IN A LOCKED DRAWER OR OTHER SECURE LOCATION | 1 | 6 |
| B. OUT OF SIGHT, BUT <u>NOT</u> IN A SECURE PLACE (E.G., IN AN UNLOCKED DRAWER) | 2 | 7 |
| C. IN PLAIN SIGHT, BUT <u>NOT</u> NEXT TO MACHINE (E.G., IN BOOK CASE) | 3 | 8 |
| D. IN PLAIN SIGHT, NEXT TO THE MACHINE | 4 | 9 |
| E. OTHER (SPECIFY:) | 5 | 10 |
| DON'T KNOW | , | 98 |

G6. Where is the password for using the MRDP system located?

[IF OBSERVED, CIRCLE ONE CODE IN COLUMN a. IF REPORTED, CIRCLE ONE CODE IN COLUMN b.

| IF OBSERVED AND REPORTED, CIRCLE ONE CODE IN COLUMN a AND ONE CODE IN COLUMN b.] | | |
|--|----------------|----------------|
| | a. OBSERVED | b. REPORTED |
| A. IN A LOCKED DRAWER OR OTHER SECURE LOCATION | 1 | 7 |
| B. OUT OF SIGHT, BUT <u>NOT</u> IN A SECURE PLACE (E.G., IN AN UNLOCKED DRAWER) | 2 | 8 |
| C. IN PLAIN SIGHT, BUT <u>NOT</u> NEXT TO MACHINE (E.G., IN BOOK CASE) | 3 | 9 |
| D. IN PLAIN SIGHT, NEXT TO THE MACHINE | 4 | 10 |
| E. OUT OF SIGHT – USER HAS PASSWORD MEMORIZED | 5 | 11 |
| F. OTHER (SPECIFY:) | 6 | 12 |
| DON'T KNOW | | 98 |

Page 20 of 21 Appendix F-4.doc

| G7. | How could the MRDP computer system be improved to make it easier to process authorizations? (RECORD VERBATIM) | work |
|-------|---|------|
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | |
| | | _ |
| | | _ |
| | | |
| | | |
| Thanl | k you for your time and cooperation for this part of the interview. | |
| | | |
| | End Time: | |
| | End Time: | |

(INTERVIEWER: GO TO THE I-9 SAMPLING REPORT SHEET.)

Appendix F-4.doc Page 21 of 21

MRDP EMPLOYER ON-SITE INTERVIEW - NON-STUDY SITES

A. ESTABLISHMENT CHARACTERISTICS

| A1. | In what month and year did this establishment begin operations at this location? | MONTH | YEAR |
|-----|--|----------------|---------------------|
| | | | |
| A2. | What kind of work is done at this establishment; i.e., where or what kind of services are performed? | rhat kind of p | product(s) are made |
| | | | |
| | | | |

Appendix F-5.doc Page 1 of 24

| A3. | Is this establishment part of a company that has locations outside the U.S.? | | | | |
|-----|--|---|--|--|--|
| | YES | 1 | | | |
| | NO TO CUESTION AS A | 5 | | | |
| | GO TO QUESTION A5 DON'T KNOW | 8 | | | |

In which country is the headquarters located?:

UNITED STATES

OTHER (SPECIFY:)

6

Is this establishment a personnel or temporary employee company that supplies workers for other firms?

YES 1

NO 5

DON'T KNOW 8

| A6. | Which of the following best describes your establishment? Would you say: (CODE 'YES' OR 'NO' FOR EACH ITEM.) | | | | |
|-----|--|-----|----|--|--|
| | | YES | NO | | |
| | A. a temporary help agency? That is, an establishment that hires and then pays workers who work off-site under the supervision of another employer. That employer then pays you for your services. | 1 | 5 | | |
| | B. an employment agency? That is, an establishment that tries to find workers to be hired by an employer who will, if the search is successful, pay you a fee for that service. | 1 | 5 | | |
| | C. some other type of temporary help agency? (IF NOTHING ELSE, CODE 'NO'. IF OTHER TYPE MENTIONED, CODE 'YES' AND SPECIFY.) | 1 | 5 | | |

Appendix F-5.doc Page 2 of 24

| A7. | Do you ask new hires to fill out an I-9 Form before you send the | nem to work elsewhe | re? |
|-----|--|---------------------|-----|
| | | YES | 1 |
| | | NO | 5 |

| A8. | What type of companies do you usually work with? That is, what do they make or d (RECORD VERBATIM) | o? |
|-----|--|----|
| | | |
| | | |
| | | |
| | | |

| Would you please give me the company names of one or two of your most frequent clients? RECORD VERBATIM) |
|--|
| 1. |
| 2. |
| 3. |
| 2 |

Appendix F-5.doc Page 3 of 24

| A10. | ou characterize the Would you say: | financial health of this establishment during the <u>r</u> | <u>ast</u> |
|------|---------------------------------------|--|------------|
| | | Excellent, or high profit growth, | 1 |
| | | Good, or moderate profit growth, | 2 |
| | | Fair, or no change in profits, or | 3 |
| | | Poor, or a decline in profits? | 4 |

A11. During the past six months, has this establishment experienced:

Rapid growth,

Moderate growth,

No change, or

A reduction in growth?

Appendix F-5.doc Page 4 of 24

B. EMPLOYEE CHARACTERISTICS

| B1. Now I'd like to ask some questions about the employees at this establishment. Please estimate the number of current employees of this establishment in each of the following categories. Do not count employees of contract or temporary service agencies who work at your site; do count any of this establishment's employees who work under contract at another site. | | | | | | |
|--|---------|----------|----------|---------------|-----------|----|
| a. Full time permanent | | | | | | |
| | b. Part | time per | manent | $\neg \sqcap$ | | |
| | c. On a | tempora | ry basis | | 1,000 | |
| | d. TOT | AL | | |],□□□ | |
| B2. What are the peak months for hiring employees at this establishment? [CIRCLE ALL THAT APPLY] | | | | | | |
| | JANUARY | 1 | FEBRUARY | 2 | MARCH | 3 |
| | APRIL | 4 | MAY | 5 | JUNE | 6 |
| | JULY | 7 | AUGUST | 8 | SEPTEMBER | 9 |
| | OCTOBER | 10 | NOVEMBER | 11 | DECEMBER | 12 |
| CONTINUAL HIRING THROUGHOUT THE YEAR 13 | | | | | | |
| | | | | | | |
| B3. During the past six months, approximately how many people were hired at this establishment? # PEOPLE HIRED IN PAST 6 MONTHS | | | | | | |

Appendix F-5.doc Page 5 of 24

| Please estimate the percent of current employees of this establishment who are: | % OF ALL EMPLOYEES |
|---|-----------------------|
| a. Hispanic or Latino (any race)? | % |
| b. Non-Hispanic African American? | % |
| c. Non-Hispanic white? | % |
| d. Asian? | % |
| e. Any other race? | % |
| | - |

| B5. | Approximately what percent of current <u>hourly</u> employees of this establishment are: | % OF HOURLY EMPLOYEES | |
|-----|--|--------------------------|--|
| | immigrants, that is, they were born outside of the U.S.? | % | |

Now I'd like to ask some questions about the employees at this establishment.

Would you say that immigrant employees in this establishment are predominantly:

| unskilled laborers, | 1 |
|-----------------------------------|---|
| semi-skilled operatives, | 2 |
| service workers, | 3 |
| skilled workers and craftsmen, or | 4 |
| other? (SPECIFY:) | 5 |
| | |

When your establishment first began using the MRDP, was the percentage of immigrants working here:

| lower than now, | 1 |
|---------------------|---|
| higher than now, or | 2 |
| the same as now? | 3 |

Appendix F-5.doc Page 6 of 24

| B8. | In your opinion, which of the following factors have affected the extent to which you rely on immigrant workers? Do you think that: | | |
|-----|---|-----|----|
| | | YES | NO |
| | there are more immigrants in this area than there were previously? | 1 | 5 |
| | immigrants are less likely to apply to this establishment because of the pilot program? | 1 | 5 |
| | some of the managers in this establishment are hesitant to hire immigrants because of problems associated with the pilot program? | 1 | 5 |
| | you've made changes that have made your jobs more attractive to non-immigrants? | 1 | 5 |
| | Are there any other factors have had an effect? (SPECIFY:) | 1 | 5 |
| | | | |

| B9. | Do you think that the MRDP program makes participating employers more or less willing to hire immigrants? | | |
|-----|---|--------------|---|
| | | MORE WILLING | 1 |
| | | LESS WILLING | 2 |
| | co mo co concervo y c | NEITHER | 3 |
| | GO TO SECTION C | DON'T KNOW | 8 |

| B10. | Why does it make them (more / less) willing to hire immigrants? | (RECORD VERBATIM) |
|------|---|-------------------|
| | | |
| | | |
| | | |
| | | |

Appendix F-5.doc Page 7 of 24

C. HIRING PROCEDURES

Now I'd like to find out a little bit about this establishment. In order to understand how the MRDP pilot program has really been working, it would be helpful if we could get a general understanding of your procedures for hiring and processing new workers.

Which of the following items do you request from job applicants <u>before</u> making a job offer? Do you request: (CODE 'YES' OR 'NO' FOR EACH ITEM.)

| | YES | NO |
|---|-----|----|
| A. a resume or vita? | 1 | 5 |
| B. a completed job application? | 1 | 5 |
| C. references? | 1 | 5 |
| D. skills tests? | 1 | 5 |
| E. a medical form or tests? | 1 | 5 |
| F. a completed I-9 Form? | 1 | 5 |
| G. work authorization documents? | 1 | 5 |
| H. What else do you request before making a job offer? (IF NOTHING ELSE, CODE 'NO'. IF ANY ADDITIONAL ITEMS MENTIONED, CODE 'YES' AND SPECIFY.) | 1 | 5 |

Appendix F-5.doc Page 8 of 24

| C2. | Which of the following procedures does this establishment use to process remployees after they are hired? Do you use: (CODE 'YES' OR 'NO' FOR I | | ΞM.) |
|-----|---|-----|------|
| | (| YES | NO |
| | A. orientation sessions? | 1 | 5 |
| | B. a completed I-9 Form? | 1 | 5 |
| | C. completed forms other than I-9? | 1 | 5 |
| | D. verification of work authorization using the MRDP software? | 1 | 5 |
| | E. a physical exam? | 1 | 5 |
| | F. drug tests? | 1 | 5 |
| | G. What other procedures do you use to process new employees after they are hired? (IF NOTHING ELSE, CODE 'NO'. IF ANY OTHER PROCEDURES MENTIONED, CODE 'YES' AND SPECIFY.) | 1 | 5 |
| | | | |

Appendix F-5.doc Page 9 of 24

| C3. | the Card Reader? | f employees do you use the MRDP softwa | | with or w | rithout |
|-----|-----------------------|---|---------------|-----------|----------|
| | | | | | <u> </u> |
| | | GORY <u>NOT CIRCLED</u> IN COLUMN a, ASK:) IRDP program for [CATEGORY]? O' IN COLUMN b) | | | |
| | | | a. | b. PR | OBED |
| | | | GIVEN | YES | NO |
| | A. NEW EMPLOYEES | WHO CLAIM TO BE NON-CITIZENS | 1 | 1 | 5 |
| | B. NEW EMPLOYEES | WHO CLAIM TO BE CITIZENS | 2 | 1 | 5 |
| | C. JOB APPLICANTS | | 3 | 1 | 5 |
| | | WORKED AT THE ESTABLISHMENT STITUTION OF THE MRDP | 4 | 1 | 5 |
| | E. OTHER TYPES OF | EMPLOYEES (SPECIFY:) | 5 | 1 | 5 |
| | 1 | | | 1 | |
| C4. | Is the MRDP system of | generally used to process a new employee |) : | | |
| | | after a job offer but before the employee paid work, | e's first day | y of | 1 |
| | | on the first day of paid work, | | | 2 |
| | | within the first three days of work, | | | 3 |
| | | more than three days after starting work | c, or | | 4 |
| | | at some other time? (SPECIFY:) | | | 5 |
| | | | | | |

Appendix F-5.doc Page 10 of 24

| C5. | | mate of the percentage of employees during the past six months who: | % OF EMPLOYEES IN PAST 6 MONTHS |
|-----|---|---|---------------------------------------|
| | a. | presented <u>counterfeit</u> documents (documents that were altered or forged). | % |
| | b. | presented 'real' documents that belong to another person. | % |
| | | | |
| | | | |
| | D. CHANGE | ES SINCE THE MRDP STARTED | |
| | | | |
| D1. | Please tell me how long <u>you</u> p establishment. | personally have been involved with <u>hiri</u> | ng at this |
| | | AND | |
| | YEA | RS MONTHS | |
| | | | |
| D2. | And how long have <u>you</u> perso establishment? | onally been working with the MRDP pro | ogram at this |
| | | AND | |
| | YEA | RS MONTHS | |

Appendix F-5.doc Page 11 of 24

In answering the following questions about changes since beginning to use the MRDP, I would like you to compare the hiring procedures your establishment uses now with the procedures that were in existence before your establishment began using the MRDP program.

| D3. | Have there been any modifications in the way this establishment <u>recruits or hires</u> employees <u>since</u> this establishment began using the MRDP program? | | |
|-----|--|------------|---|
| | | YES | 1 |
| | GO TO D5 | NO | 5 |
| | GO 10 D5 | DON'T KNOW | 8 |

- D4. a. Did these modifications involve: (CODE 'YES' OR 'NO' IN COLUMN a FOR EACH ITEM.)
 - b. (FOR EACH CATEGORY CODED 'YES' IN COLUMN a, ASK:)
 Did the change in [CATEGORY] apply to US citizens only, non-citizens, or both?
 (CODE RESPONSE IN COLUMN b)

| | а | ۱. | b. | | |
|---|-----|----|---------------|-------------------|------|
| | YES | NO | US CITIZEN | NON-US CITIZEN | вотн |
| A. the way resumes are reviewed? | 1 | 5 | 1 | 2 | 3 |
| B. requirements for in-person interviews? | 1 | 5 | 1 | 2 | 3 |
| C. verification of work authorization? | 1 | 5 | 1 | 2 | 3 |
| D. the requirement of fewer or more documents to confirm work authorization? | 1 | 5 | 1 | 2 | 3 |
| E. What other modifications have there been? (IF NO OTHERS, CODE 'NO'. IF ANY OTHERS, CODE 'YES') | 1 | 5 | 1 | 2 | 3 |

| (EXPLAIN <u>ALL</u> YES RESPONSES) | |
|------------------------------------|--|
| | |
| | |
| | |
| | |

Appendix F-5.doc Page 12 of 24

| D5. | In your opinion, has the MRDP verification system helped to associated with collecting and reviewing the documents requerification? | | |
|-----|---|---------------------|------------------|
| | | YES | 1 |
| | GO TO D7 | NO | 5 |
| | GO TO D/ | DON'T KNOW | 8 |
| D6. | How has it helped reduce the work associated with collectin (RECORD VERBATIM) | g and reviewing doc | uments? |
| | | | — — — — |
| D7. | Do you think the MRDP verification system has helped to repersons who are not legally authorized to work in the United | | nt of |
| | | YES | 1 |
| | | NO | 5 |
| | GO TO D9 ← | DON'T KNOW | 8 |
| D8. | (Why do you think so? / Why not?) (RECORD VERBATIM) | | |
| | | | _ |

Appendix F-5.doc Page 13 of 24

| D9. | 9. Is the notice about the MRDP pilot placed in the reception area? | | |
|-----|---|------------|---|
| | | YES | 1 |
| | | NO | 5 |
| | GO TO SECTION E | DON'T KNOW | 8 |

D10. Where in the reception area is the notice about the MRDP pilot placed?

[IF OBSERVED, ENTER IN COLUMN a. IF REPORTED, ENTER IN COLUMN b.

IF OBSERVED AND REPORTED, ENTER IN COLUMN a AND IN COLUMN b.].

| | a. OBSERVED | b. REPORTED |
|--|----------------|----------------|
| A. WHERE IT CAN BE EASILY NOTICED BY APPLICANTS (E.G., BY ITSELF ON A WALL NEXT TO THE RECEPTION DESK) | 1 | 5 |
| B. WHERE APPLICANTS MAY BE ABLE TO NOTICE IT (E.G., ON A BULLETIN BOARD NEXT TO THE RECEPTION DESK WITH THREE OR FOUR OTHER NOTICES) | 2 | 6 |
| C. WHERE IT IS UNLIKELY TO BE NOTICED BY APPLICANTS (E.G., FAR FROM THE RECEPTION DESK OR WITH A LARGE NUMBER OF OTHER NOTICES) | 3 | 7 |
| D. OTHER (SPECIFY) | 4 | 8 |
| DON'T KNOW | | 98 |

Appendix F-5.doc Page 14 of 24

E. GENERAL EXPERIENCES WITH THE MRDP PROGRAM

<u>Before</u> you began using the MRDP system, how would you characterize the I-9 employment verification process? Would you say it was:

| very burdensome, | 1 |
|-------------------------|---|
| moderately burdensome, | 2 |
| somewhat burdensome, or | 3 |
| not at all burdensome? | 4 |

E2. Currently, how would you characterize the I-9 employment verification process using the MRDP Card Reader? Would you say it is:

| very burdensome, | 1 |
|-------------------------|---|
| moderately burdensome, | 2 |
| somewhat burdensome, or | 3 |
| not at all burdensome? | 4 |
| DO NOT USE CARD READER | 5 |

E3. Currently, how would you characterize the I-9 employment verification process using the MRDP software without the Card Reader? Would you say it is:

| very burdensome, | 1 |
|-------------------------|---|
| moderately burdensome, | 2 |
| somewhat burdensome, or | 3 |
| not at all burdensome? | 4 |
| ALWAYS USE CARD READER | 5 |

E4. Thinking of the effect the MRDP program has had at your establishment, would you say your confidence that new hires are work authorized has increased:

| quite a lot, | 1 |
|-------------------|---|
| somewhat, | 2 |
| only a little, or | 3 |
| not at all? | 4 |

Appendix F-5.doc Page 15 of 24

| E5. | Did this establishment encounter any difficulties during the process of <u>setting up</u> the MRDP software or Card Reader? | | | | |
|-----|---|------------|---|--|--|
| | | YES | 1 | | |
| | GO TO E7 ← | NO | 5 | | |
| | GO TO E7 | DON'T KNOW | 8 | | |

| E6. | es during the process of <u>setting up</u> the MRDP software or C ERBATIM; THEN CIRCLE ALL THAT APPLY) | ard |
|-----|---|-----|
| | | |
| | | |
| | | |
| | | |
| | A. PROBLEM WITH OUR MODEM | 1 |
| | B. PROBLEM WITH THE TYPE OF COMPUTER SYSTEM WE USE | 2 |
| | C. PROBLEM WITH THE PHONE LINE | 3 |
| | D. PROBLEM WITH THE CARD-READING MACHINE | 4 |
| | E. OTHER TECHNICAL PROBLEMS WITH SOFTWARE, HARDWARE, ETC. | 5 |
| | F. PROCEDURAL PROBLEMS [RELUCTANCE TO USE BECAUSE OF NEED TO HOLD DRIVER'S LICENSE OR ID CARD, ETC.] | 6 |
| | G. STAFF PROBLEMS [WHO WILL DO THE VERIFICATIONS, TRAINING NEW STAFF TO DO VERIFICATIONS, TIME, ETC.] | 7 |
| | H. EMPLOYEE ISSUES [RELUCTANCE TO PROVIDE DRIVER'S LICENSE, ETC.] | 8 |
| | I. OTHER | 9 |

Appendix F-5.doc Page 16 of 24

| E7. | 7. Did this establishment encounter any difficulties with the MRDP software or Card Reader after the program was set up? | | | | | |
|-----|--|------------|---|--|--|--|
| | | YES | 1 | | | |
| | GO TO E9 ← | NO | 5 | | | |
| | GO TO E9 | DON'T KNOW | 8 | | | |

| E8. | a What were the difficulties encountered with the MRDP software or Card Reader <u>after</u> the program was set up? (RECORD VERBATIM; CIRCLE ALL THAT APPLY IN COLUMN a) | | | | | | |
|-----|--|---|-------|-------|------|--------------|--------|
| | | | | | | | |
| | | | | | | | |
| | b. (FOR EACH CATEGORY <u>NOT CIRCLED</u> IN COLUMN a, ASK:) What about [CATEGORY]; was that a problem? (CODE PROBED 'YES' OR 'NO' IN COLUMN b) | | | | | | |
| | c. (FOR EACH CATEGORY <u>CIRCLED</u> IN COLUMN a <u>OR CODED 'YES'</u> IN COLUMN b, ASK:) Is [CATEGORY] an ongoing problem or has it been solved? | | | | | ? | |
| | | (CODE 'ONGOING' OR 'SOLVED' IN COLUM | N c) | | | | |
| | | | a. | b. PR | OBED | (| С. |
| | | | GIVEN | YES | NO | ON- GOING | SOLVED |
| | A. | PROBLEM ACCESSING THE SYSTEM (I.E., HARD TO GET THROUGH) | 1 | 1 | 5 | 1 | 2 |
| | B. | SYSTEM UNAVAILABLE FOR USE DURING WEEKENDS OR NIGHTS | 2 | 1 | 5 | 1 | 2 |
| | C. | OTHER TECHNICAL PROBLEMS | 3 | 1 | 5 | 1 | 2 |
| | D. | PROCEDURAL PROBLEMS [RELUCTANCE TO USE BECAUSE OF NEED TO HOLD DRIVER'S LICENSE OR ID CARD, ETC.] | 4 | 1 | 5 | 1 | 2 |

Appendix F-5.doc Page 17 of 24

E. STAFF PROBLEMS [TRAINING NEW STAFF TO DO VERIFICATIONS, ETC.]

F. OTHER DIFFICULTIES WITH THE MRDP

SOFTWARE AFTER IT WAS SET UP

G. OTHER DIFFICULTIES WITH THE MRDP

CARD READER AFTER IT WAS SET UP

| E9. | In your opinion, what are some of the <u>benefits</u> of the MRDP verification sys Would you say: (CODE 'YES' OR 'NO' FOR EACH ITEM.) | stem? | |
|------|---|-------|----|
| | | YES | NO |
| | A. it increases confidence in the establishment's ability to detect persons who are not eligible to work? | 1 | 5 |
| | B. it makes the establishment feel comfortable that it is in compliance with the law? | 1 | 5 |
| | C. it decreases the likelihood of an INS audit? | 1 | 5 |
| | D. it decreases the likelihood of employment sanctions? | 1 | 5 |
| | E. it gives employees an opportunity to correct their INS or SSA records? | 1 | 5 |
| | F. By using the Card Reader to enter information, data entry errors are reduced? | 1 | 5 |
| | G. What other benefits of the MRDP system are there? (IF NO OTHERS, CODE 'NO'. IF ANY OTHERS, CODE 'YES') | 1 | 5 |
| (EXP | LAIN ALL YES RESPONSES) | | |

Appendix F-5.doc Page 18 of 24

| E10. | a. | In your opinion, what are the main disadvantages or shortcoverification system? (RECORD VERBATIM; CIRCLE ALL THA | | | |
|------|----|--|-------|-------|------|
| | | | | | |
| | b. | (FOR EACH CATEGORY <u>NOT CIRCLED</u> IN COLUMN a, ASK:) What about [CATEGORY]; is that a main disadvantage or shortcoming of the MRDP? (CODE 'YES' OR 'NO' IN COLUMN b) | a. | b. PR | OBED |
| | | | GIVEN | YES | NO |
| | A. | HARDER TO FIND WORKERS | 1 | 1 | 5 |
| | B. | LOST WORK TIME WHEN EMPLOYEES NEED TO GO THROUGH THE MRDP PROCEDURES | 2 | 1 | 5 |
| | C. | THERE IS NO AUTOMATIC ELECTRONIC VERIFICATION USING THE CARD READER | 3 | 1 | 5 |
| | D. | WHEN USING THE CARD READER STILL REQUIRES ADDITIONAL MANUAL DATA ENTRY FOR ALL EMPLOYEES | 4 | 1 | 5 |
| | E. | INCREASED BURDEN TO PROCESS NEW HIRES | 5 | 1 | 5 |
| | F. | LOST TRAINING INVESTMENT OR WORK TIME WHEN NON-VERIFIED EMPLOYEES LEAVE | 6 | 1 | 5 |
| | G. | INCREASED DISCRIMINATION | 7 | 1 | 5 |
| | H. | POTENTIAL VIOLATION OF PRIVACY RIGHTS OF EMPLOYEES | 8 | 1 | 5 |
| | I. | OTHER | 9 | 1 | 5 |

Appendix F-5.doc Page 19 of 24

| | nents or the <u>disadvantages</u> on the hink they are equal? | | |
|-----------------------------------|---|--|--|
| | BENEFITS STRONGER | | 1 |
| | DISADVANTAGES STRONG | SER | 2 |
| | EQUAL BENEFITS AND DIS | ADVANTAGES | 3 |
| GO TO E13 | DON'T KNOW | | 8 |
| | | | |
| Why do you feel this way? (RI | ECORD VERBATIM) | | |
| | | | |
| Have you used the MRDP Card | Reader? | YES | 1 |
| | GO TO E15 | NO | 5 |
| | | DON I KNOW | 8 |
| verifications can be entered at o | ne time, is there a delay in go | | |
| | GO TO E13 Why do you feel this way? (RI Have you used the MRDP Card Please describe the process of overifications can be entered at o Card Reader seem to be working | DISADVANTAGES STRONG EQUAL BENEFITS AND DIS DON'T KNOW Why do you feel this way? (RECORD VERBATIM) Have you used the MRDP Card Reader? GO TO E15 Please describe the process of using the Card Reader. For verifications can be entered at one time, is there a delay in greater to be working correctly, and so on. | BENEFITS STRONGER DISADVANTAGES STRONGER EQUAL BENEFITS AND DISADVANTAGES DON'T KNOW Why do you feel this way? (RECORD VERBATIM) Have you used the MRDP Card Reader? GO TO E15 GO TO E15 Please describe the process of using the Card Reader. For example, how many verifications can be entered at one time, is there a delay in getting a response, do Card Reader seem to be working correctly, and so on. |

(INTERVIEWER: GO TO SECTION F)

Appendix F-5.doc Page 20 of 24

| E15. | Please describe why you have not used the Card Reader. (RECORD VERBATIM) |
|------|---|
| | |
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| | F. COMMENTS REGARDING MRDP |
| | |
| | |
| F1. | What haven't we asked about the MRDP program and employment verification that we should know about in order to better evaluate the program? (RECORD VERBATIM) |
| F1. | What haven't we asked about the MRDP program and employment verification that we should know about in order to better evaluate the program? (RECORD VERBATIM) |
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| F1. | What haven't we asked about the MRDP program and employment verification that we should know about in order to better evaluate the program? (RECORD VERBATIM) |
| F1. | What haven't we asked about the MRDP program and employment verification that we should know about in order to better evaluate the program? (RECORD VERBATIM) |

Appendix F-5.doc Page 21 of 24

G. SECURITY ISSUES REGARDING I-9 ENTRY

Now I have some questions about security regarding the MRDP program entry of I-9 Forms at this establishment.

| | | | a. | b. |
|----|---|-------------------|----------|----------|
| | | | OBSERVED | REPORTED |
| G1 | Is the computer that is used for verification located in a locked room (that is, is a key or card needed to enter the room)? | YES, LOCKED | 1 | 2 |
| | [IF OBSERVED, CIRCLE ONE CODE IN COLUMN a. IF REPORTED, CIRCLE ONE CODE IN COLUMN b. IF OBSERVED AND REPORTED, CIRCLE ONE CODE IN COLUMN a AND ONE CODE IN COLUMN b.] | NO, NOT LOCKED | 5 | 6 |

(IF COMPUTER IS IN A LOCKED ROOM [G1 = 1 OR 2] ASK G2. OTHERWISE, GO TO G3.)

| | | | a. | b. |
|----|---|------------------------------|----------|----------|
| | | | OBSERVED | REPORTED |
| G2 | Is that room usually kept locked when it is not occupied? | YES, USUALLY LOCKED | 1 | 2 |
| | [IF OBSERVED, CIRCLE ONE CODE IN COLUMN a. IF REPORTED, CIRCLE ONE CODE IN COLUMN b. IF OBSERVED AND REPORTED, CIRCLE ONE CODE IN COLUMN a AND ONE CODE IN COLUMN b.] | NO, NOT USUALLY LOCKED | 5 | 6 |

| | | a. NUMBER OBSERVED | b. NUMBER REP | ORTED |
|----|--|-----------------------|------------------|-------|
| G3 | How many people usually work in that room? | | | |
| - | [IF OBSERVED, ENTER IN COLUMN a. | | | |
| | IF REPORTED, ENTER IN COLUMN b. IF OBSERVED <u>AND</u> REPORTED, ENTER IN COLUMN a <u>AND</u> IN COLUMN b.]. | | DON'T KNOW | 998 |

| G4. | How easy would it be for an unauthorized person to gain access to the MRDP compute or program? (RECORD VERBATIM) | | |
|-----|--|--|--|
| | <u> </u> | | |
| | | | |
| | | | |
| | | | |

Appendix F-5.doc Page 22 of 24

G5. Where are the instructions for using the MRDP system located?

[IF OBSERVED, CIRCLE ONE CODE IN COLUMN a. IF REPORTED, CIRCLE ONE CODE IN COLUMN b.

IF OBSERVED AND REPORTED, CIRCLE ONE CODE IN COLUMN a AND ONE CODE IN COLUMN b.]

| | a. OBSERVED | b. REPORTED |
|---|----------------|----------------|
| A. IN A LOCKED DRAWER OR OTHER SECURE LOCATION | 1 | 6 |
| B. OUT OF SIGHT, BUT <u>NOT</u> IN A SECURE PLACE (E.G., IN AN UNLOCKED DRAWER) | 2 | 7 |
| C. IN PLAIN SIGHT, BUT <u>NOT</u> NEXT TO MACHINE (E.G., IN BOOK CASE) | 3 | 8 |
| D. IN PLAIN SIGHT, NEXT TO THE MACHINE | 4 | 9 |
| E. OTHER (SPECIFY:) | 5 | 10 |
| DON'T KNOW | , | 98 |

G6. Where is the password for using the MRDP system located?

[IF OBSERVED, CIRCLE ONE CODE IN COLUMN a. IF REPORTED, CIRCLE ONE CODE IN COLUMN b.

| IF OBSERVED AND REPORTED, CIRCLE ONE CODE IN COLUMN a AND ONE CODE IN COLUMN b.] | | |
|--|----------------|----------------|
| | a. OBSERVED | b. REPORTED |
| A. IN A LOCKED DRAWER OR OTHER SECURE LOCATION | 1 | 7 |
| B. OUT OF SIGHT, BUT <u>NOT</u> IN A SECURE PLACE (E.G., IN AN UNLOCKED DRAWER) | 2 | 8 |
| C. IN PLAIN SIGHT, BUT <u>NOT</u> NEXT TO MACHINE (E.G., IN BOOK CASE) | 3 | 9 |
| D. IN PLAIN SIGHT, NEXT TO THE MACHINE | 4 | 10 |
| E. OUT OF SIGHT – USER HAS PASSWORD MEMORIZED | 5 | 11 |
| F. OTHER (SPECIFY:) | 6 | 12 |
| DON'T KNOW | | 98 |

Appendix F-5.doc Page 23 of 24

| G7. | How could the MRDP computer system be improved to make it easier to process wo authorizations? (RECORD VERBATIM) | | | | |
|-----|--|--|--|--|--|
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Thank you for your time and cooperation for this part of the interview.

Appendix F-5.doc Page 24 of 24

OMB: 1115-0234 Exp. 12/31/2003



Immigration and Naturalization Service Machine-Readable Document Pilot Employee Survey

Conducted by: Westat

LABEL

| INTERVIEWER: | | | - |
|--------------------|-------------|-----|------|
| DATE OF INTERVIEW: | MONTH | DAY | YEAR |
| RESULT CODE: 1 | | | |

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number. Send comments regarding this burden of estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Policy Directives and instructions (PDI-Room 5307) (ATTN: Richard Sloan), c/o Immigration and Naturalization Service, 425 I Street NW, Washington, D.C. 20536. *Do not return the completed form to this address.*

| START TIME: ; a.m. or p.m. (CIRCLE ONE) SECTION A: APPLICATION PROCESS | | | | | |
|--|------------------------------------|--|--|--|--|
| Thank you for taking the time to talk with me today. This survey is part of a study on employment eligibility, sponsored by the Immigration and Naturalization Service. Your participation is voluntary and your answers will be kept strictly confidential to the extent permitted by law. If you choose not to answer some or all of the questions, there will be no penalty. Your answers will not be associated with your name. They will be combined with the answers of other employees and reported in statistical summaries. This survey will only take about 20 minutes. First, I have some questions about your experiences with (EMPLOYER) in finding a job. | | | | | |
| A1. How did you first learn that [NAME OF EMPLOYER] might be a go job? Was it from | ood place to find out about a | | | | |
| A friend or relative, An ad or (specify where), Some other source? (specify) DON'T REMEMBER. A2. Did this person tell you that [EMPLOYER] often hires immigrants? | 2 (SKIP TO QA5) 3 (SKIP TO QA5) | | | | |
| YES | . 2 (SKIP TO QA6) | | | | |
| YES | . 8 (SKIP TO QA6) | | | | |
| ALL SKIP TO QA6 | | | | | |
| A5. (Was that/were any of those) (ADVERTISEMENT(S) AND/OR SOURCE(S) SPECIFIED) intended especially for immigrants or racial or ethnic minorities? [CIRCLE ONLY ONE.] | | | | | |
| YES. ADVERTISEMENT ONLY | _ 1 | | | | |

YES, NON-ADVERTISEMENT SOURCE ONLY 2

| A6 . | How did you first get in touch with [EMPLOYER] about a job? Was it b [CIRCLE ONLY ONE.] | y |
|-------------|---|--------------------------|
| | Walking in | 1 |
| | Phone | 2 |
| | Mail, or | 3 |
| | Some other way? (specify) | 4 |
| | DON'T REMEMBER | 8 |
| A7. | After you first asked [EMPLOYER] about a job, what did [EMPLO] [CIRCLE ONLY ONE.] | YER] ask you to do next? |
| | FILL OUT A JOB APPLICATION | 01 |
| | HAVE AN INTERVIEW | |
| | SHOW YOUR WORK-AUTHORIZATION AND IDENTITY | |
| | DOCUMENTS | 03 |
| | FILL OUT AN I-9 FORM [SHOW CARD A] | |
| | SOMETHING ELSE (specify) | 05 |
| | GO TO ANOTHER PLACE, REFERRED BY [EMPLOYER], | |
| | THAT MIGHT HAVE A JOB FOR YOU, OR | 06 |
| | NOTHING ELSE – EMPLOYER OFFERED YOU A JOB RIGHT | |
| | AWAY | |
| | NOTHING ELSE – EMPLOYER NEVER OFFERED YOU | |
| | A JOB | 08 (SKIP TO BOX A1) |
| A8 . | How soon after [EMPLOYER] asked you to [ANSWER FROM QA7], of the same day, | |
| | Within a week, | 2 |
| | A week or more later, or | 3 |
| | Never? | 4 (SKIP TO QA10) |
| | DON'T REMEMBER WHEN I DID IT | 5 |
| | DON'T REMEMBER <u>IF</u> I DID IT | 6 |
| A9. | After you [ANSWER TO QA7], what did [EMPLOYER] ask you to ONE.] | do next? [CIRCLE ONLY |
| | FILL OUT A JOB APPLICATION | 01 |
| | HAVE AN INTERVIEW | 02 |
| | SHOW YOUR WORK-AUTHORIZATION AND IDENTITY | |
| | DOCUMENTS | 03 |
| | FILL OUT AN I-9 FORM [SHOW CARD A] | 04 |
| | SOMETHING ELSE (specify) | 05 |
| | GO TO ANOTHER PLACE, REFERRED BY [EMPLOYER], | |
| | THAT MIGHT HAVE A JOB FOR YOU, OR | 06 |
| | NOTHING ELSE – EMPLOYER OFFERED YOU A | |
| | JOB RIGHT AWAY | |
| | NOTHING ELSE – EMPLOYER NEVER OFFERED YOU JOB | 08 |

| BOX A1 | · • | | | |
|--|---------------------------------------|-----------------------|---------------|--|
| INTERVIEWER: CHECK LABEL, THEN QA7 AND QA9. | | | | |
| EMPLOYER IS TEMPORARY AGENCY | . 1 (SF | 1 (SKIP TO QA24) | | |
| EMPLOYER IS <u>NOT</u> TEMPORARY AGENCY <u>AND</u> | | | | |
| | | 2 (SKIP TO QA11) | | |
| QA7 OR QA9 = $02-07$ | . 3 . 4 (SK | 3 4 (SKIP TO QB21) | | |
| | | | | |
| A10. Did you ever fill out a job application? | | | | |
| YES | . 1 | | | |
| NO | - | | BOX A2) | |
| DON'T REMEMBER | . 8 (SK | I OT PL | BOX A2) | |
| All. When did you fill out a job application? Was this | | | | |
| Before [EMPLOYER] told you that you had a job | | | | |
| After [EMPLOYER] told you that you had a job | | | | |
| DON'T REMEMBER | . 8 | | | |
| A12. Did the job application ask | | | | |
| | Vos | No | Don't know | |
| a. If you were a United States citizen? | I CS | | 8 8 | |
| b. What country you are from? | | 2 | 8 | |
| c. What type(s) of documents you had to show that you were | | | | |
| authorized to work? | . 1 | 2 | 8 | |
| A13. When you filled out the job application, did you at the same time also: | | | | |
| HOW THE FORM | Yes | No | | |
| ARDS a. Fill out an 1-9 form? | | 2 | | |
| 8. B. Show [EMPLOYER] your work authorization documents? | . l | 2 | | |
| BOX A2 | · · · · · · · · · · · · · · · · · · · | | | |
| IF INTERVIEW CODED (02) IN QA7 OR QA9, CHECK THIS BOX | | | | |
| SKIP TO QA15. | ****** | | | |
| A14. Did you ever have a job interview with [EMPLOYER]? | | | | |
| A14. Did you ever have a job interview with [Livit LO I Liv]: | | | | |
| YES | | | | |
| NO DON'T REMEMBER | • | | , | |
| DON I KEMENDEK | . 0 (31 | CIF IO | DUA AJ) | |
| A15. When did you have the job interview? Was it | | | | |
| Before [EMPLOYER] told you that you had a job | . 1 | | | |
| After [EMPLOYER] told you that you had a job | . 2 | | | |
| DON'T REMEMBER | . 8 | | | |

| A16. | During the interview, were you asked: | | | |
|--------|--|-------------|-----------------|---------------|
| | | Yes | No | Don't know |
| | a. If you were a United States citizen? | _ •• | 2 | 8 |
| | b. What country you are from? | | 2 | 8 |
| | c. What type(s) of documents you had to show that you were | | _ | |
| | authorized to work? | 1 | 2 | 8 |
| A17. | When you had the interview, did you at that time also: | | | |
| | | Yes | No | |
| | a. Fill out an I-9 form | 1 | 2 | |
| | b. Show employer your work-authorization documents? | 1 | 2 | |
| | BOX A3 | ··· | | |
| IF I-9 | <u>FORM</u> FILLED OUT (QA7, QA9, QA13 OR QA17), CHECK TH SKIP TO QA19. | IS BOX | • • • • • • • • | |
| A18. | Did [EMPLOYER] ever ask you to fill out a form like this [SHOW CA | RD]? | | |
| TOXX | YES | 1 | | |
| HOW | NO | | IP TO I | ROX A4) |
| RD A | DON'T REMEMBER | • | | _ |
| A19. | When did you fill out an I-9 form? Was it | | | |
| | Before [EMPLOYER] told you that you had a job | 1 | | , |
| | After [EMPLOYER] told you that you had a job | | | |
| | DON'T REMEMBER | | | |
| | BOX A4 | | | · <u> </u> |
| | DUA A4 | | | |
| | ORK AND IDENTITY DOCUMENTS SHOWN (QA7, QA9, QA13 CK THIS BOX | or Q | A17) | |
| A20. | Did you ever show [EMPLOYER] your work and identity documents? | | | |
| | YES | 1 | | |
| HOW | NO | | IP TO | OA23) |
| RD B | DON'T REMEMBER | | | |
| A21. | When did you show your work and identity documents? Was it | | | |
| | Before [EMPLOYER] told you that you had a job | 1 | | |
| | After [EMPLOYER] told you that you had a job | | IP TO | QA23) |
| | DON'T REMEMBER | | IP TO | |
| | | • | | - |

| A22. Why did you show them at that time? Was it because | |
|---|-----------------------|
| [EMPLOYER] asked you to, | 1 |
| You thought that [EMPLOYER] would be more likely to hire you | |
| if they knew you had work documents, or | 2 |
| Something else? (specify) | 3 |
| DON'T REMEMBER | 8 |
| A23. Did [EMPLOYER] offer you a job? | |
| YES | 1 |
| NO | 2 (SKIP TO QB21) |
| DON'T REMEMBER | |
| BOX A5 | |
| INTEDVIEWED. CHECK I ADET | |
| INTERVIEWER: CHECK LABEL | |
| REGULAR EMPLOYER | 1 (SKIP TO QA28) |
| TEMPORARY AGENCY OR PLACEMENT SERVICE | 2 |
| A24. Did [EMPLOYER] find a job for you? | |
| YES (specify where) | 1 (SKIP TO QA27) |
| NO | 2 |
| DON'T REMEMBER | 8 |
| A25. Did [EMPLOYER] ever send you to talk to someone about a job? | |
| YES (specify where) | 1 (SKIP TO QA27) |
| NO | 2 |
| DON'T REMEMBER | 8 |
| A26. Did [EMPLOYER] ever say they would try to find you a job? | |
| YES (specify where)NO | 1 2 (SKIP TO QB21) |
| DON'T REMEMBER | 8 (SKIP TO QB21) |
| | |
| A27. Who wrote your paychecks? Was it | |
| [EMPLOYER] or | 1 |
| Some other employer (specify) | 2 |
| NO PAYCHECK RECEIVED/DID NOT GET OR TAKE JOB | 3 |
| DON'T KNOW | 8 |

| INTERVIEWER: | | | |
|---------------------------------------|--|------------------------|--|
| IF Q | A27 = 2, USE THAT EMPLOYER NAME IN THE REMAINING Q | UESTIONS. | |
| A28. | What kind of job was this? [RECORD VERBATIM AND CODE BELC |)W.] | |
| | WHITE COLLAR JOB (PROFESSIONAL, CLERICAL, ETC.) | 2 | |
| A29. | Did you accept the job? | | |
| | YES NO DON'T REMEMBER | 2 | |
| A30. | What was the main reason you didn't take the job at [EMPLOYER]? [C | | |
| | You didn't like the work It was too much trouble to take care of work authorization problems The job didn't pay enough You were offered another job, or Some other reason (specify) DON'T KNOW | 2 3 4 | |
| · · · · · · · · · · · · · · · · · · · | SKIP TO QB21 | | |
| A31. | When did you start working for [EMPLOYER] after you accepted the journal of the j | P TO QA33) | |
| | NEVER STARTEDDON'T REMEMBER <u>WHEN</u> STARTEDDON'T REMEMBER <u>WHETHER</u> STARTED | 2 | |
| A32. | Approximately how long was it between the time you accepted the job a | nd you started? Was it | |
| | The same day, Less than one week, Between one and two weeks, Over two weeks but less than a month, or | 2 3 | |

DON'T REMEMBER.....

| A33. When did you last work for [EMPLOYER]? | |
|--|--|
| MONTH DAY YEAR (SKII | P TO QA37) |
| OR | |
| STILL WORKING FOR [EMPLOYER] | • |
| A34. Approximately how long did you work for [EMPLOYER]? Was it | |
| Less than one week Between one and two weeks Over two weeks but less than a month A month or more DON'T REMEMBER | 2 3 4 |
| A35. Between the time you started working on the job and (now/the time [EMPLOYER]), was there a time when you did not work for [EMPLOY | - |
| YES | 2 (SKIP TO SECTION B) 8 (SKIP TO SECTION B) |
| Less than two days after you started Between two days and a week after you started. Between one and two weeks Over two weeks but less than a month A month or more DON'T REMEMBER | 2 3 4 5 |
| A37. What was the main reason you stopped working for [EMPLOYER]? | |
| YOU DIDN'T LIKE THE WORKIT TOOK TOO MUCH TROUBLE TO STRAIGHTEN OUT | |
| YOUR DOCUMENTSTHE JOB DIDN'T PAY ENOUGH | |
| YOU WERE OFFERED ANOTHER JOB | |
| YOU WERE TERMINATED/FIRED/LAID OFFYOU QUIT (<i>Please explain why</i> :) | 05 06 |
| OTHER (specify) | 07 |
| DON'T KNOW | 98 |

This page intentionally left blank.

SECTION B: PAPERWORK

| BI. | B1. Have you ever neard about the Machine Readable Document Pilot, or MKDP? | | |
|-------------|---|----------------------|--|
| | YES | 1 | |
| | NO | 2 (SKIP TO QB4) | |
| B2 . | How did you first hear about this program? Did [CIRCLE ONLY O | NE.] | |
| | (EMPLOYER) tell you about it? | 1 | |
| | A friend or relative tell you about it? | 2 | |
| | You read about it? | | |
| | You see it on a poster at (EMPLOYER)? or | 4 (SKIP TO QB5) | |
| | Was it some other way? (specify) | | |
| B3. | Did you first hear about this program before or after you started work at | [EMPLOYER]? | |
| | BEFORE | 1 | |
| | AFTER | 2 | |
| B4. | While you were applying, did you see a sign posted at [EMPLOYER] th | nat looks like this? | |
| SHOW | YES | 1 | |
| CARD C | NO | 2 | |
| | - · - | | |

| 35. | Which work documents did you provide to [EMPLOYER]? [CIRO PROBE: "Any others?"] | CLE ALL THAT APPLY. |
|-----|---|----------------------------|
| | a. DRIVER'S LICENSE | 01 |
| | b. STATE ISSUED NON-DRIVER ID | |
| | c. SOCIAL SECURITY CARD | |
| | d. U.S. PASSPORT | |
| | e. FOREIGN PASSPORT OR I-94 WITH I-551 STAMP | |
| | f. GREEN CARD (I-551) OR RESIDENT (ALIEN) CARD | |
| | EMPLOYMENT AUTHORIZATION DOCUMENT (EAD) ISSUED BY To g. EMPLOYMENT AUTHORIZATION DOCUMENT (I-688B, I-766 h. I-94 WITH WORK AUTHORIZATION LEGEND | THE INS 5) 07 |
| | i. OTHER (specify)j. DID NOT PROVIDE ANY DOCUMENTS | |
| | j. Dib ito i ito vibb iiti boconibito | 10 (5111 10 520 1101 2 |
| | BOX B1 | |
| | QB5 EQUALS 01 OR 02 | |
| | QB5 DOES NOT EQUAL 01 OR 02 2 (| (SKIP TO QB12) |
| 36. | You said you provided a (driver's license/state ID) to [EMPLOYER] issued? | . From what state was this |
| | IOWA | 1 |
| | OTHER STATE (specify) | 2 (SKIP TO QB12) |
| 37. | Did [EMPLOYER] borrow your (license/state ID)? | |
| | YES | 1 |
| | NO | 2 (SKIP TO B12) |
| | DON'T REMEMBER | |
| B8. | How long did [EMPLOYER] keep your (driver's license/state ID)? | |
| | MINUTES | 1 |
| | #: HOURS | |
| | DAYS | 3 |
| B9. | Did this bother you? | |
| | YES | 1 |
| | NO | 2 |
| | 1 7 🗸 | - |
| | | |

| B10 | Did [EMPLOYER] say why it was necessary to take your (driver's licen | se/state ID)? |
|------|---|---------------------------|
| | YES | 1 |
| | NO | 1 2 |
| | DON'T REMEMBER | 8 |
| B11. | Did you see [EMPLOYER] put your (driver's license/state ID) through this? | a machine that looked lik |
| HOW | YES | 1 |
| RD D | NO | |
| | DON'T REMEMBER | |
| B12. | After you first gave [EMPLOYER] your documents, did [EMPLO] additional documents? | YER] ask you to provid |
| | YES | 1 |
| | NO | |
| | DON'T REMEMBER | • |
| B13. | What additional documents did [EMPLOYER] request at that time APPLY.] | e? [CIRCLE ALL THA' |
| | a. GREEN CARD (I-551)/RESIDENT ALIEN CARD | 1 |
| | b. EMPLOYMENT AUTHORIZATION DOCUMENT (EAD) | |
| | ISSUED BY THE INS | 2 |
| | c. SSN CARD | 3 |
| | d. ANY OTHER DOCUMENT (specify) | 4 |
| B14. | Why do you think [EMPLOYER] needed additional documents? | |
| | BECAUSE [EMPLOYER] THOUGHT THE DOCUMENT(S) | |
| | WEREN'T MINE | I (SKIP TO QB17) |
| | [EMPLOYER] THOUGHT THE DOCUMENT(S) I GAVE | 2 (CIZID TO OD 17) |
| | HIM WERE FAKE | 2 (SKIP 10 QB1/). |
| | I GAVE HIM | |
| | [EMPLOYER] WANTED TO SEE AN INS DOCUMENT | |
| | OTHER (SPECIEV) | 4 ፍ |
| | OTHER (SPECIFY) DON'T KNOW | 8 |
| B15. | Did [EMPLOYER] question whether any of the documents that you prove | ided were really yours? |
| | YES (specify document(s)) | 1 |
| | NO | 2 (SKIP TO QB17) |
| | DON'T REMEMBER | 8 (SKIP TO QB17) |

| TION.] |
|--|
| 1 (SKIP TO QB22) |
| 2 (SKIP TO QB22) |
| • |
| 3 |
| |
| |
| 4 |
| |
| 5 |
| ork documents/papers? |
| 1 |
| 1 2 |
| 2 8 |
| 8 |
| horized to work in the United |
| 1 (SKIP TO QB21) |
| 2 |
| 7 |
| 8 |
| <u>person</u> ? |
| 2 |
| 2 7 |
| / 8 |
| ð |
| |
| |
| 1 |
| 1 |
| 2 |
| 2 7 |
| 2 |
| 2 7 8 locuments? |
| 2 7 8 locuments? 1 2 neone at the Immigration and SA) about your documents? |
| 2 7 8 locuments? 1 2 neone at the Immigration and |
| |

B16. Why did [EMPLOYER] question whether the documents were yours? [CIRCLE ALL THAT

| 1 |
|---------------|
| 2 |
| |
| 3 |
| |
| HECK THIS BOX |
| |

| This page | intentionally | left blank. | |
|-----------|---------------|-------------|--|
| | | | |

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SECTION C: CONFIRMATION

| C1. | These two forms are used to <u>explain</u> that there were some problems wi Did [EMPLOYER] <u>ever</u> give you either of these forms? | th your work authorization. |
|---------------|--|-----------------------------|
| SHOW CARDS | YES, SOCIAL SECURITY ADMINISTRATION ONLY YES, IMMIGRATION AND NATURALIZATION | 1 (SKIP TO QC2) |
| E AND F | SERVICE ONLY | 2 (SKIP TO QC2) |
| | YES, BOTH THE SOCIAL SECURITY | |
| | ADMINISTRATION AND THE IMMIGRATION AND | - (CTTTD DO OO) |
| | NATURALIZATION SERVICE? | |
| | NO | • |
| | DON'T REMEMBER | 8 (SKIP TO BOX CI) |
| | BOX C1 | |
| QB21 | , QB22, AND QC1 = NO <u>OR</u> DON'T REMEMBER | . 1 (SKIP TO SECTION I |
| | AND/OR QB22 = YES <u>AND</u> QC1 = NO OR DON'T REMEMBER | |
| QDZI | AND/OR QBZZ - IES AND QCI - NO OR DON I REMEMBER | . Z (SILII I O QCT). |
| C2. | When did [EMPLOYER] give you (this/these) form(s)? Was it | |
| | Before you started work, | 1 |
| | On the first day of work, | |
| | Within the first week of work, or | |
| | Some other time? (specify) | 4 |
| C3. | Did you sign this form? | |
| | YES | 1 |
| | NO | |
| | DON'T KNOW | 8 |
| C4. | When [EMPLOYER] (told you there was a problem/gave you the for where no one else could overhear you talking? | rm), was it done in a place |
| | YES | 1 . |
| | NO | 2 |
| C5. | Did you decide to <u>clear up</u> the problems with your work authous CLARIFICATION, ASK, "That is, which option did you choose?"] | norization? [IF R NEEDS |
| SHOW | YES, DECIDED TO CONTEST | 1 (SKIP TO OCI1) |
| CARD G | <i>4</i> | • |
| | | |

| C6. | What reasons did you have for not trying to clear up the problems? [CIR | CLE ALL THAT APPLY.] |
|------|---|------------------------------|
| | a. Your employer discouraged you, | 1 |
| | b. You were <u>not</u> work authorized, | 2 |
| | c. It was too much trouble, | |
| | d. You could get a job somewhere else more easily, | |
| | e. You were afraid to go to the INS OR SSA OFFICE, or | |
| | f. Some other reason? (specify) | |
| | g. DON'T KNOW | 8 |
| C7. | What happened next? Did you | |
| | Continue working, | 1 |
| | Quit, | 2 |
| | Get fired, terminated, or laid off, or | |
| | Something else? (specify) | 4 |
| C8. | At the time [EMPLOYER] told you about the problem were [EMPLOYER]? | you already working for |
| | YES | 1 (SKIP TO SECTION D) |
| | NO | |
| CJ. | Did you ever start working for [EMPLOYER]? [IF R HAS ALREA NEVER WORKED FOR EMPLOYER, CODE "NO" WITHOUT ASK! YES | NG.] 1 |
| | NO | 2 (SKIP TO SECTION D) |
| C10. | After you decided not to clear up the problem, what happened next? Die | d you |
| | Continue working, | |
| | Quit, | |
| | Get fired, terminated, or laid off, or | 3 |
| | Something else? (specify) | 4 |
| | SKIP TO SECTION D | |
| | | |
| CH. | After you decided to clear up the problem, about how many days did it with the INS/SSA? | take for you to get in touch |
| | NUMBER OF DAYS | |
| | OR | |
| | DIDN'T CONTACT THEM AT ALL | (USE 10 DAYS IN QC18) |
| | | (000 10 D1110 111 QC10) |

| C12. | At the time [EMPLOYER] told you about the problem, were [EMPLOYER]? | you already working for |
|------|--|-----------------------------|
| | YES | |
| C13. | When did you start working for [EMPLOYER]? | |
| | Before contacting INS/SSA After contacting INS/SSA Never | 2 |
| C14. | Do you think that you would have started working earlier if you didn't documents? | have this problem with your |
| | YES NO DON'T KNOW | 2 |
| C15. | How much pay do you think you might have lost because of this? [PRO many hours or days did you lose? Approximately how much do you mless than \$100, etc.] | |
| | \$ | |
| | OR | |
| | DON'T KNOW | 8 |
| | ALL SKIP TO QC24 | |
| C16. | Do you think that you would have started working if you didn't have a papers? | this problem with your work |
| | YES NO DON'T KNOW | |
| C17. | How much pay do you think you might have lost because of this? [PRO many hours or days did you lose? Approximately how much do you than \$100, etc.] | |
| | \$ | |
| | OR | |
| | DON'T KNOW | 8 |
| | | |
| | ALL SKIP TO SECTION D | |

| C18. | During those [ANSWER FROM QC11] days, did you continue to work | for [EMPLOYER]? |
|------|--|-----------------------------|
| | YES | |
| | NEVER STARTED WORKING | 3 (SKIP TO SECTION D) |
| C19. | Did you miss time at work in order to clear up problems concerning you | r documents? |
| | YES | |
| C20. | Did [EMPLOYER] pay you for this missed time? | |
| | YES | 2 |
| | DON'T KNOW | 8 (SKIP TO QC22) |
| C21. | How much pay did you <u>lose</u> because of this? [PROBE IF NECESSARY did you lose? Approximately how much do you make per hour? Was it | |
| | \$ | |
| | OR | |
| | DON'T KNOW | 8 |
| C22. | Did you have a <u>cut in pay</u> while you were waiting for problems with youp? | our documents to be cleared |
| | YES | 1 |
| | NO | |
| | DON'T KNOW | 8 (SKIP TO QC24) |
| C23. | How large was this cut? [PROBE IF NECESSARY: How many how Approximately how much do you make per hour? Was it less than \$10 hour, etc.] | - |
| | \$ | |
| | PER HOUR | |
| | WEEK | |
| | DON'T KNOW | 8 |
| C24. | Was your job training delayed until the problems with your documents | were cleared up? |
| | YES | 1 |
| | NO | 2 |
| | THERE WAS NO JOB TRAINING | 3 |
| | DON'T KNOW | 8 |

| C25. | Did you have any other problems at [EMPLOYER] during the [ANS because of the problem with your documents? | SWER FROM QC11] days |
|------|--|----------------------|
| | YES (specify) | 1 |
| | NO | 2 |
| | DON'T KNOW | 8 |
| | BOX C2 | |
| | ERVIEWER: CHECK QB23 OR QC1 | |
| | ERRED TO INS OR BOTH INS/SSA 1 | |
| KEF. | ERRED TO SSA ONLY 2 (SKIP T | O QC41) |
| C26. | What were the results of the visit or contact with INS? | |
| | Okay to work (Employment Authorized) | |
| | Not okay to work (Unauthorized) | 2 (SKIP TO QC29) |
| | NEVER CONTACTED INS | 3 (SKIP TO BOX C3) |
| | Other (specify) | 4 (SKIP TO QC29) |
| | DON'T KNOW | |
| C27. | What was the cause of the problem? Was it because | Yes No |
| | a. INS had another name that you use or have used? | |
| | b. INS didn't know that you had renewed your documents | |
| | _ | 1 2 |
| | c. There was a problem with the information on the I-9 | 1 ~ |
| | (specify) d [FMADI OVED] mode a mistalia suban matting information at the state of | 1 2 |
| | d. [EMPLOYER] made a mistake when putting information about | 1 |
| | you into the computer (specify) | 1 2 |
| | e. You needed to renew your documents (specify) | 1 2 |
| | f. Or something else (specify) | 1 2 |
| C28. | What happened next at [EMPLOYER]? Did you | |
| | Quit, | 1 |
| | Get fired/terminated/laid off, | |
| | Continue working, or | |
| | Something else? (specify) | 4 |
| C29. | How did you first contact INS to straighten out your records? | |
| | In-person | 1 |
| | Phone | 2 |
| | Fax | 3 |
| | Mail, or | 4 |
| | Some other way (specify) | 5 |
| C30. | How many times did you have to contact them? | |
| | ONLY ONCE | 1 (SKIP TO QC32) |
| | OR | |
| | NUMBER TIMES | |

| C31. | How did you contact them after the first time? Was it | | |
|------|---|----------|---------------------|
| | | Yes | No |
| | a. In-person | | 2 |
| | b. Phone | | 2 |
| | c. Fax | | 2 |
| | d. Mail, or | | 2 |
| | e. Some other way (specify) | 1 | 2 |
| C32. | How quickly did INS straighten out your records after you first contacte | d them | ? |
| | Right away | 1 | |
| | Within a day | | |
| | Within two or three days | | |
| | Within a week | | |
| | Longer than a week | | |
| | NEVER RESOLVED PROBLEM | | |
| | DON'T KNOW | 8 | |
| C33. | Did you have to spend any money to contact them such as paying be sitter? [DON'T INCLUDE LOST WAGES HERE.] | us fare, | parking, or a baby |
| | YES (please explain:) | 1 | |
| | NO | • | IP TO QC35) |
| | DON'T KNOW | 8 (SK | JP TO QC35) |
| C34. | How much did you spend for these expenses? [PROBE: Your closest es | timate v | would be helpful.] |
| | \$ | | |
| | OR | | |
| | DON'T KNOW | 8 | |
| C35. | Did you have to spend any money for a lawyer or someone else to h records so you could work for [EMPLOYER]? | elp you | straighten out your |
| | YES | 1 | |
| | NO | 2 (SK | IP TO QC37) |
| | DON'T KNOW | 8 (SK | IP TO QC37) |
| C36. | About how much did you spend? | | |
| | \$ | | |
| | OR | | |
| | DON'T KNOW | 8 | |

| C37. | Did you have to spend any money on anything else to help you straight | ten out y | our documents? |
|-------|--|--------------------|-------------------------|
| | VFS (specify what) | 1 | |
| | YES (specify what)NO |) (SV | IP TO QC39) |
| | DON'T KNOW | . 2 (SK . 3 (SK | IP TO QC39) IP TO QC39) |
| C38. | About how much? | | |
| | \$ | | |
| | OR | | |
| | DON'T KNOW | . 8 | |
| C39. | Overall, how satisfied were you with your experience with INS to strai | ghten ou | t your documents? |
| | Very satisfied | 1 | |
| | Somewhat satisfied | • • | |
| | Neither satisfied nor dissatisfied | | IP TO BOX (3) |
| | Somewhat dissatisfied | • | ar robon cs, |
| | Very dissatisfied | | |
| C40. | Why do you feel this way? [RECORD RESPONSE VERBATIM.] | | |
| | | | |
| TNITE | BOX C3 DVIEWED. CHECK OD22 OD OC1 | | |
| | RVIEWER: CHECK QB23 OR QC1 DDFD TO INCONI V | TO SEC | TION IN |
| | | I U SEC | TION D) |
| KEFI | ERRED TO SSA OR BOTH INS AND SSA 2 | | |
| C41. | What were the results of the visit or contact with SSA? | | |
| | Okay to work (Employment Authorized) | . 1 | |
| | Not okay to work (Unauthorized) | | JP TO QC44) |
| | NEVER CONTACTED SSA | • | IP TO SECTION D) |
| | Other (specify) | • | IP TO QC44) |
| | DON'T KNOW | • | IP TO QC44) |
| C42. | What was the cause of the problem? Was it because | | |
| | | Yes | No |
| | a. SSA had another name that you use or have used? | | 2 |
| | b. There was a problem with the information on the I-9 | | |
| | U. THELE WAS A DIVUICIN WITH THE HIMMINATION ON THE 1-7 | | |
| | | 1 | 2 |
| | (specify) | 1 | 2 |
| | (specify) c. [EMPLOYER] made a mistake when putting information about | 1 | 2 |
| | (specify) | 1 1 1 | 2 2 2 |

| C43. What happened next at [EMPLOYER]? Did you | | | |
|--|------------|--------------------|-----|
| Quit, | 1 | | |
| Get fired/terminated/laid off, | | | |
| Continue working, or | | | |
| Something else? (specify) | | | |
| Sometime disc. (Specify) | • | | |
| C44. How did you first contact SSA to straighten out your records? | | | |
| In-person | . 1 | | |
| Phone | | | |
| Fax | _ | | |
| Mail, or | . 4 | | |
| Some other way (specify) | 5 | | |
| Some condition (Specify) | • | | |
| C45. How many times did you have to contact them? | | | |
| ONLY ONCE | . 1 (SK | IP TO QC47) | |
| OR . | | | |
| NUMBER TIMES | | | |
| MOMBER THALS | | | |
| C46. How did you contact them after the first time? Was it | | | |
| C40. How are you contact them area the instanto. Was it | Yes | No | |
| a. In-person | | 2 | |
| b. Phone | | 2 | |
| c. Fax | | 2 | |
| d. Mail, or | | | |
| , | | 2 | |
| e. Some other way (specify) | , 1 | 2 | |
| C47. How quickly did SSA straighten out your records after you first contact | ted them | 1? | |
| Right away | . 1 | | |
| Within a day | . 2 | | |
| Within two or three days | | | |
| Within a week | | | |
| Longer than a week | | | |
| NEVER RESOLVED PROBLEM | | | |
| DON'T KNOW | | • | |
| DOIN I ININO W | . 0 | | |
| C48. Did you have to spend any money to contact them such as paying sitter? [DON'T INCLUDE LOST WAGES HERE.] | bus fare | , parking, or a ba | aby |
| YES (please explain:) | 1 | | |
| NO. | . 2 (Sk | KIP TO QC50) | |
| DON'T KNOW | • | KIP TO QC50) | |
| | . 5 (51) | | |

| C49. | How much did you spend for these expenses? [PROBE: Your closest es | stimate would be helpful.] |
|------|---|---------------------------------------|
| | \$ | |
| | OR | |
| | DON'T KNOW | 8 |
| C50. | Did you have to spend any money for a lawyer or someone else to he records with SSA so you could work for [EMPLOYER]? | nelp you straighten out your |
| | YES | |
| | NO | 2 (SKIP TO QC52) |
| | DON'T KNOW | 8 (SKIP TO QC52) |
| C51. | About how much did you spend? | |
| | \$ | |
| | OR | |
| | DON'T KNOW | 8 |
| C52. | Did you have to spend any money on anything else to help you strai SSA? | ghten out your records with |
| | YES (specify what) | 1 |
| | NO | , |
| | DON I KNOW | 3 (SKIP TO QC54) |
| C53. | About how much? | |
| | \$ | |
| | OR . | |
| | DON'T KNOW | 8 |
| C54. | Overall, how satisfied were you with your experience with SSA to straig | ghten out your documents? |
| | Very satisfied | 1 |
| | Somewhat satisfied | 2 |
| | Neither satisfied nor dissatisfied | 3 (SKIP TO SECTION D) |
| | Somewhat dissatisfied | 4 |
| | Very dissatisfied | 5 |
| C55. | Why do you feel this way? [RECORD RESPONSE VERBATIM.] | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | |
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SECTION D: DEMOGRAPHICS

Now I would like to ask you some questions about your background. Remember, all of the answers that you give are kept in the strictest confidence. None of the information that you give me will ever be connected or associated with your name and neither [NAME OF EMPLOYER] nor the INS will know how you answered, or that you were one of the people surveyed.

| D1. | What is your date of birth? [IF NECESSARY, CONFIRM DATE OF LABEL.] | F BIRTH FROM FOLDER |
|-----|--|-----------------------|
|]_ | MONTH DAY YEAR | |
| | REFUSED | 9999997 |
| D2. | In what country were you born? | |
| | United States Other (specify) | 1 (SKIP TO QD18) 2 |
| D3. | Are you a United States citizen? | |
| | YES | 1 2 (SKIP TO QD5) |
| D4. | Were you a United States citizen when you applied to [EMPLOYER]? | |
| | YESNO | |
| D5. | Are you a lawful permanent resident (do you have a green card)? | |
| | YES | 2 |
| D6. | Were you a lawful permanent resident when you applied to [EMPLOYE | R]? |
| | YES NO REFUSED. | 2 |
| D7. | Are you currently authorized to work in the United States? | |
| | YESNOREFUSED | 1 (SKIP TO QD9) 2 |

| D8 . | Have you ever had authorization to work in the United States before now? | |
|-------------|---|--------------|
| | YES 1 | |
| | NO | |
| | REFUSED 7 (SKIP TO QD12) | |
| D9. | When you applied to [EMPLOYER], were you authorized to work? | |
| | YES | |
| | NO | |
| | REFUSED 7 (SKIP TO QD12) | |
| D10. | At that time, were your work authorization documents up-to-date? | |
| | YES 1 | |
| | NO, THEY HAD EXPIRED 2 | |
| | NO, I HADN'T GOTTEN THEM YET | |
| | REFUSED | |
| D11. | When did you (renew/get) your work authorization documents? Was it | |
| | Before you started working for [EMPLOYER] | |
| | Within two weeks of starting to work for [EMPLOYER] or | |
| | Did you not get them at all? | |
| | REFUSED 7 | |
| D12. | Do you believe that [EMPLOYER] paid you less because you were (not a citizen/foreign-born)? | |
| | YES 1 | |
| | NO 2 | |
| | | |
| D13. | Do you believe that [EMPLOYER] gave you unpleasant tasks because you were (not citizen/foreign-born)? | a |
| | YES | |
| | NO. | |
| | 110 | |
| D14. | Do you believe that [EMPLOYER] made you work more hours because you were (not citizen/foreign-born)? | a |
| | YES 1 | |
| | NO 2 | |
| | | |
| D15. | Do you believe that [EMPLOYER] gave you less training because you were (not a citizen/foreig born)? | ţ n - |
| | YES 1 | |
| | NO 2 | |
| | DON'T KNOW 8 | |

| D16. Do you believe that [EMPLOYER] discriminated in any other way as (not a citizen/foreign-born)? | gainst you because you were |
|---|-------------------------------|
| YES (specify, in what way?) | 1 |
| NO | 2 |
| DON'T KNOW | . 8 |
| BOX D1 | |
| OD12 OD16 ADE ATT "NO" | 1 (CIZID TO OD 10) |
| QD12-QD16 ARE <u>ALL</u> "NO" | • |
| D17. Why do you think that [EMPLOYER] discriminated against you or g tasks, and/or training? | ave you different pay, hours, |
| D18. Are you of Hispanic or Latino origin? | |
| YES | . 1 (SKIP TO BOX D2) |
| NO | . 2 |
| DON'T KNOW | . 8 |
| D19. Which of the following best describes you? Are you [CIRCLE ALL | THAT APPLY.] |
| a. White | . 1 |
| b. Black or African American | |
| c. American Indian or Alaska native | . 3 |
| d. Asian | . 4 |
| e. Native Hawaiian or Other Pacific Islander (Hawaii, Guam, | |
| Samoa, etc) | . 5 |
| f. Some other group (specify) | 6 |
| g. REFUSED | . 7 |
| | |
| BOX D2 | |
| EMPLOYEE WAS BORN IN THE UNITED STATES (QD2=1) | 1 |
| EMPLOYEE WAS <u>NOT</u> BORN IN THE UNITED STATES (QD2=2) | 2 (SKIP TO QD26) |
| | |
| D20. Do you believe that [EMPLOYER] paid you less because of your race | or ethnic background? |
| YES | . 1 |
| NO | . 2 |
| DON'T KNOW | . 8 |
| | |

| | background? | |
|------|--|------------------------------|
| | YES | 1 |
| | NO | |
| | DON'T KNOW | |
| | DON 1 IXIVOW | • |
| D22. | Do you believe that [EMPLOYER] made you work more hours beckground? | ause of your race or ethnic |
| | YES | 1 |
| | NO | 2 |
| | DON'T KNOW | 8 |
| D23. | Do you believe that [EMPLOYER] gave you less training because background? | se of your race or ethnic |
| | YES | 1 |
| | NO | 2 |
| | DON'T KNOW | 8 |
| D24. | Do you believe that [EMPLOYER] discriminated in any other way a race or ethnic background? | gainst you because of your |
| | YES (specify) | 1 |
| | NO. | 2 |
| | DON'T KNOW | 8 |
| | BOX D3 | |
| | DUA DO | |
| _ | -QD24 ARE <u>ALL</u> "NO" -QD24 HAVE <u>AT LEAST ONE</u> "YES" | |
| D25. | Why do you think that [EMPLOYER] discriminated against you or gatasks, and/or training? | ve you different pay, hours, |
| D26. | Overall, how satisfied or dissatisfied were you with the I-9 employment | t verification experience? |
| | | |
| | Very satisfied | |
| | Somewhat satisfied | |
| | Neither satisfied nor dissatisfied | 3 (SKIP TO END OF INTERVIEW) |
| | Somewhat dissatisfied | |
| | Very dissatisfied | |
| | · / | |

D21. Do you believe that [EMPLOYER] gave you unpleasant tasks because of your race or ethnic

| | END OF INTERVIEW. |
|------------------|---|
| THANK THE RESPON | NDENT FOR HIS/HER TIME AND COOPERATION. |

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SECTION E: OBSERVATIONS

INSTRUCTION TO INTERVIEWER: AFTER COMPLETING THE INTERVIEW, PLEASE RATE THE RESPONDENT ON THE FOLLOWING ITEMS: <u>DO NOT</u> ASK THE RESPONDENT THESE QUESTIONS.

| E1. | Interview Completion Code: | |
|-----|---|---|
| | Respondent terminated interview prematurely | 1 |
| | Respondent refused interview | 2 |
| | Respondent unable to respond (specify) | 3 |
| | Interview completed | 4 |
| E2. | Language used in interview was: | |
| | ENGLISH | 1 |
| | SPANISH | 2 |
| | TRANSLATOR (specify language) | 3 |
| E3. | Is respondent | |
| | MALE | 1 |
| | FEMALE | 2 |

CONFIDENCE RATINGS

E4. PLEASE RATE THE FOLLOWING QUALITIES OF THE RESPONDENT, THE INTERVIEWING SITUATION, AND THE DATA.

THE RESPONDENT (WAS/HAD):

| HIGH | 7 | 6 | 5 | 4 | 3 | 2 | 1 | LOW |
|--|---|---|---|---|---|---|---|----------------------------------|
| A. ABLE TO UNDERSTAND | | | | | | | | |
| QUESTIONS | | | | | | | | HARDLY ABLE TO |
| EASILY | 7 | 6 | 5 | 4 | 3 | 2 | 1 | UNDERSTAND |
| B. TRUTHFUL | 7 | 6 | 5 | 4 | 3 | 2 | 1 | UNTRUTHFUL |
| C. ACCURATE | 7 | 6 | 5 | 4 | 3 | 2 | 1 | INACCURATE |
| D. INTERESTED IN | | | | | | | | NOT INTERESTED IN |
| THE INTERVIEW | 7 | 6 | 5 | 4 | 3 | 2 | | THE INTERVIEW |
| E. COOPERATIVE | 7 | 6 | 5 | 4 | 3 | 2 | 1 | UNCOOPERATIVE |
| F. NO ENGLISH LANGUAGE PROBLEM | 7 | 6 | 5 | 4 | 3 | 2 | 1 | SPOKE ENGLISH WITH DIFFICULTY |
| G. INTERVIEWED WITHOUT INTERRUPTIONS | 7 | 6 | 5 | 4 | 3 | 2 | 1 | INTERRUPTED OFTEN |
| H. YOUR OPINION ABOUT THE OVERALL QUALITY OF THE DATA: | 7 | 6 | 5 | 4 | 3 | 2 | 1 | |

| E5. | DESCRIBE ANY OTHER CIRCUMSTANCE ABOUT THE INTERVIEW OR ABOUT THE RESPONDENT THAT YOU FEEL MIGHT HAVE HAD AN EFFECT ON THE INTERVIEW: |
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